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ABSTRACT

Directed toward the practitioner, the book is a compilation by 18 knowledgeable, experienced authors of some of the recent literature and current practices in the field relating to aging. The book consists of seven parts: (1) The Older Adult as Learner, (2) The Role of Education in an Aging Society, (3) The Aging Individual and the Changing Nature of Society and Education, (4) Informal Approaches in Education for Aging, (5) Preparation for Critical Phases of Life in Aging, (6) Governmental Resources in Education for Aging, and (7) The Scope of the Field and Perspectives for the Future. Part two focuses on the role of gerontology in adult education as well as the political implications of education for aging; part three outlines available educational opportunities for the elderly and sets forth concepts and a framework for incorporating education for aging within elementary/secondary school systems. Informal educational approaches are presented in four chapters that describe community programs, non-traditional approaches in practice, preretirement education/planning, and the challenge of leisure in later maturity. Another five chapters, part five, discuss aging as related to: community health services, physical fitness education, nutritional education, sexuality, and education of long-term health care administrators. References follow each chapter. (EA)

Education For The Aging

LIVING WITH A PURPOSE AS OLDER ADULTS THROUGH EDUCATION: AN OVERVIEW OF CURRENT DEVELOPMENTS

Compiled by the ERIC Clearinghouse on Adult Education

Edited by Stanley M. Grabowski and W. Dean Mason

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EDUCATION FOR THE AGING

LIVING WITH A PURPOSE AS OLDER ADULTS THROUGH EDUCATION: AN OVERVIEW OF CURRENT DEVELOPMENTS

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PREFACE

One of the most dramatic upswing areas of education is that of aging. The full impact of the rapidly increasing number of older adults in our population has seemingly come upon us suddenly, at least as far as any deliberate, concerted efforts in programming, funding and training are concerned. The response to the enormous needs of education of older adults is only now beginning to show some seriousness of purpose.

This does not mean that nothing had been done previously; indeed, much research exists although scattered and not channeled in any concerted way, as does a large body of experience through practice. Since the 1971 White House Conference on Aging, several institutions, and literally hundreds of individuals, have been producing a variety of documents on the subject of aging.

This book was designed to be a compilation of some of the recent literature and current practices in the field relating to aging aimed at the practitioner. To this end, we asked some knowledgeable and experienced individuals to share their insights.

We recognized that an undertaking of a comprehensive-coverage of education for aging was more ambitious than we could realize. For that reason, we chose to cover the areas we did while neglecting others. In some cases our decisions were dictated by constraints of time, resources, and availability of the individuals we thought most appropriate as contributors. In a few instances we had to leave out specific topics because the invited authors did not complete their chapters, and sufficient time was not available to find substitute authors.

The individual chapters differ in length, approach and sophistication of material reflecting the various interests of the writers as well as the nature of the topic under discussion.

One consequence of such a compilation is some repetitiveness of content; one author working in one area of aging is likely to be impressed by the same issues and wants as is another author in a different setting. Yet each has his or her own point of view and something of value would be lost by any effort to force the two together or to choose one over the other.

In any compilation there are compromises and disappointments, and some of these we experienced in this book as well. One of the major constraints contributing to the presence of these factors was the deadline inherent in the phasing out of the ERIC Clearinghouse on Adult Education, under whose aegis this book was started and brought to conclusion.

Some of the areas we did not include, but think deserve at least an awareness on the part of the reader as being of importance, are the Mass Media and Aging, and Education for Aging in the Cross Cultural context. The mass media offer a great opportunity for providing education for aging in many ways. One example is the special hour-long program on PBS last October "Wrinkles, Birthdays, and Other Fables," starring Flip Wilson. This program centered on the awareness aspect of myths about aging and an attempt at debunking them. Many local stations followed the program with special follow-ups to utilize the resources of the local community in the kinds of services available for the aging.

The cross cultural dimension dramatizes the multi-cultural (discussing phenomena from different authors), cross-cultural (comparative, juxtapositional, collective), intercultural (interaction, inter-impact, mutual influence on) and trans-cultural (referring to some factor that is quasi-universally present). For example, the material in this book addresses itself to the situation existing principally in this country. The reader ought to be aware of the efforts being made in other countries, particularly England and Sweden.

The structure of the book into several parts arbitrarily delineates those general areas the editors judged most in need of attention. All of them focus on education for aging rather than education about aging. It is easy to talk about aging particularly because an extensive body of literature exists in the fields of psychology and biology, but little is available in the areas we have delineated in this book.

We intended this book as a starting point--a point of departure--for those working with the aging in the area of education. Surely other developments are occurring, even as this book is prepared for publication, and these will have to be considered by others very soon in order to keep practitioners abreast of the best and most recent developments in both research findings and practice.

We are grateful to the chapter authors as well as to the ERIC Clearinghouse on Adult Education and the Section on Education for Aging of the Adult Education Association of the U.S.A. for the opportunity to produce this publication.

Our special thanks to Mrs. Jane Frost for overseeing the format and typing of the manuscript, and to Ms. Elizabeth Volan for her help in preparing the manuscript for printing.

Stanley M. Grabowski W. Dean Mason

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PART I

THE OLDER ADULT AS LEARNER

CHAPTER 1

THE OLDER INDIVIDUAL AS A LEARNER

David L. Arenberg
and
Elizabeth A. Robertson

The number of published papers in gerontology on learning and memory has become so large that the most recent reviews[7,17,18] have been necessarily highly selective. Despite such a substantial literature, however, the term "education" is rarely encountered in the papers reporting experimental research. Laboratory studies of cognitive functioning are seldom designed to answer questions an educator would ask. Even the applied gerontological studies have been involved, for the most part, with skill training, a rather narrow segment of the broad field of education.[12] As a result, few of the laboratory studies of learning, memory, and aging are directly applicable to the education of the older person.

Another point that should be mentioned in an introduction to the area of gerontology and learning is methodological and concerns cross-sectional and longitudinal designs. The studies in the gerontological literature consist almost entirely of cross-sectional research. In such designs, two or more adult age groups of different people born at different times are compared on some measurable performance. A longitudinal design measures changes in performance in the same individual with increasing age. The cross-sectional approach provides measures of age differences, whereas the longitudinal approach provides measures of age changes. At best, cross-sectional results approximate changes with age; and at worst, they can be extremely misleading. For example, many psychometric measures of intelligence typically show age differences; but several longitudinal studies of intellectual functioning have shown no change in psychometric performance (see 10, for an excellent review of intelligence and aging).

On the other hand, age changes in learning and memory have been reported by Gilbert[35] for a small sample of survivors. In an attempt to follow up participants in a large-sample, cross-sectional study,[33] she located fourteen individuals, ranging in age from 60 to 74 years, who were willing to be retested. Efficiency scores of learning and retention were among the six composite scores based on subtests of the Babcock-Levy Test of Mental Efficiency. Both learning and retention performance showed substantial declines compared with the initial measures when those participants were in their twenties or early thirties.

For some educational purposes it may be important to know whether the current performance of the older learner represents declines from an earlier point in his life or stable levels maintained throughout his adult years. More relevant to the educator, however, is the development of teaching procedures and educational practices that optimize the performance of the older individual.

Cross-sectional laboratory studies of aging typically include one or more treatment variables; these are conditions manipulated by the experimenter. The questions asked are: (a) Are there age differences in performance? (b) Are there treatment effects? and (c) Is the magnitude of the age differences affected by the treatment variable; i.e., are the age differences smaller under one condition than under another? The question most relevant to the educator is whether the manipulated treatment variable affects the performance of the older individual. Such findings allow one to identify those procedures which are beneficial and those which are deleterious to the older individual's performance. It is with this emphasis that the gerontological literature is reviewed here.

In earlier reviews of the literature on aging and cognitive performance, Lorge[65] and Anderson[2] emphasized that one of the greatest problems which adult educators must face is their own inclination as well as that of their students to accept the stereotype epitomized by the unfortunate cliche, "you can't teach an old dog new tricks." Even at that time, there was evidence to demonstrate that older individuals can indeed learn new information (for example, see 86). Today, we have made some progress so that we are better able to specify conditions which minimize age differences in performance.[15,63,79] In order to provide a frame of reference for reviewing selected studies, an information processing model will be described.

An Information Processing Approach to Cognition

Cognition refers to the processes by which sensory input is transformed, reduced, elaborated, stored, and retrieved. Essential to any theory of cognition is a consideration of the ways in which an individual makes use of past experiences and past reactions to increase his mastery in achieving and utilizing knowledge.[11] Information processing models view the sequences of operations and transformations involved in cognitive activity as a complex system with many interacting stages. Research conducted within the information processing framework attempts to determine the specific properties of each component in the overall cognitive process and to show how each stage is related to other aspects of human abilities.[72] By examining the relationship between the contents of the input and the contents of the output measured at various times after presentation of the information, hypotheses are formulated concerning the properties of the flow of information in the nervous system. A basic assumption in information processing models of cognition is that the output is not an immediate consequence of stimulation but rather it is the product of a number of decision processes at successive levels of recoding. Further assumptions are that information processing is limited by the capacity of an information handling channel, by the information content of the input, and by the experiences and individual characteristics of the observer. In addition, it is assumed that since the transformations of information occur successively in time, they cannot be functionally independent since recoding of information occurs at all stages of information processing. This approach suggests that learning and memory are not easily segregated from other cognitive functions, for example, perception, problem solving, and thinking. Kay[55] has noted the direct relevance of this view to studies of aging as in the mature organism a process such as memory necessarily takes place when other functions are fully developed and organized, and thus it is not possible to study a process in isolation. Moreover, the view that information is processed in successive stages means that even slight age-related performance decrements early in the sequence necessarily limit the amount of information available at a later stage, and the consequences may be considerable.

Clearly, the scope of the analysis of processing stages is colossal, and research psychologists have tended to select some particular stage of processing or even a subproblem for experimental investigation.[73] Attempts to synthesize the empirical observations and theoretical interpretations of the models proposed for each subproblem are rare, and there is considerable ambiguity as to the precise definition of common terms. We will define the terms registration, storage, and retrieval as follows. Registration refers to the input of information into a system; storage refers to the retention of that information for subsequent use; and retrieval refers to the process of obtaining information from storage information essential to the production of an overt response. Obviously, the production of an overt response is the dependent variable from which conclusions regarding the functioning of the hypothesized stages are drawn, and any failure to respond may be attributable to decrements in registration, storage, or retrieval.

Having suggested that the psychological literature is fraught with unresolved controversies with respect to many of the nuances of various information processing models, it may seem of equivocal value to describe the performance of the older individual in the framework of an information processing model. Nevertheless, if one keeps in mind that the model is not intended as an explicit explanation of what really happens in the brain but rather as a convenient way to examine the essential steps in cognitive functioning, then the model should be helpful in providing an organized description of the empirical findings.

In order to present a model, we must choose a side on several controversial issues in psychology. For example, there is considerable debate on the issue of whether one, two, or more types of underlying mechanisms are needed to explain memory functioning. The principal advocate of the single-mechanism position is Melton,[67] who maintains that retention of information for a few seconds operates by the same mechanisms as does retention of information over longer periods of time. More psychologists advocate a dual-mechanism model of memory; that is, various independent variables differentially affect the retention of information over short durations as compared with longer periods of time and it is inferred that more than one mechanism is involved.

Moreover, even among those psychologists who advocate a dual-mechanism model of memory there are still divergent views as to the nature of the dichotomy. The more popular view is that the two factors reflect different storage mechanisms.[8,3,38,57] However, Tulving[88,89] advocates the view that the two components reflect different retrieval processes rather than different storage mechanisms.

We find it more expedient to think of two memory processes (in addition to a sensory register) since the data from studies of aging and cognition support a dual-mechanism interpretation.[27,76] In addition, there seem to be age differences in both the storage and in the retrieval aspects of performance.

We will designate the two stages as primary memory and secondary memory. The terms, "primary memory" and "secondary memory" were initially introduced by James[51] and more recently were used by Waugh and Norman[91] to describe a memory model in which primary memory denoted a limited capacity store and secondary memory denoted a much larger, more stable store which is limited only by the rate at which it can accept information. We would add that there seem to be different retrieval systems as well as different storage systems associated with the two components. One additional qualification should be made. While secondary memory is considered a long-term store, it should be kept in mind that the retention intervals investigated in laboratory experiments rarely exceed a few hours, and we are really considering short-term retention. It has not been established whether laboratory findings about secondary memory can be generalized to very long-term memory (over a period of years), but in the absence of data we will assume that similar principles are applicable.

An Information Processing Model. We will now outline a general theoretical framework of cognitive functioning and then relate the literature on age differences in learning and memory to this particular model with the goal of reaching some generalizations as to ways to optimize the performance of the older individual. Following Atkinson and Shiffrin,[8] we are going to distinguish two major dimensions of the system: structural features and control processes. Structural features refer to permanent features of the system, including both the physical system and the built-in processes that are fixed from one situation to another. Control processes, on the other hand, refer to features that can be readily modified or reprogrammed by the individual and may vary substantially from one time to another depending upon such factors as the nature of instructions, the meaningfulness of the information, and the individual's experience. This distinction has important ramifications for research in aging. It is important to isolate the age-related components of performance in order to distinguish those aspects which the individual can control from the structural features of the system. The task for the educator is to optimize the older individual's use of control processes, since educators can do little to modify the structural features of the system.

We are going to assume that there are three structural components in the system: the sensory register, primary memory, and secondary memory. Newly presented information is transformed by the affiliated sensory system and this information is stored briefly in a sensory register. For example, arrays of letters presented visually to young subjects can be stored for about one second.[9,81] The best evidence available at this time indicates that there is only a slight age difference in the ease with which information is registered in the sensory store.[1] Because large amounts of information enter the sensory registers and then decay quickly, the primary function of control processes is the selected of some of this information for transfer to primary memory.

The second structural feature of the system will be referred to as primary memory. Operationally, the capacity of primary memory is defined by the number of items which a person can reliably remember without error or omission. Such memory span tasks typically show no age differences.[21,29,34,60,61] Information is retained in primary memory for varying periods of time depending upon the experimental conditions and the individual's inclination and ability to rehearse the information. Access to information in primary memory is relatively direct and retrieval seems automatic.

If extra attention has been paid to the material or if it has been rehearsed frequently or well organized, information is transferred to secondary memory, the third structural component in the system. The capacity of secondary memory is so large that information stored there must be organized in an efficient manner if it is to be accessible to retrieval on demand. Retrieval from secondary memory is relatively indirect and typically involves a search process. It is most likely that the registration of information in secondary memory involves not only information about the item but also information about a retrieval plan. In order to make a successful search, information is required as to where to initiate the search process. The majority of the studies reporting age differences in performance reflect decrements in secondary memory functioning. The educator's success in dealing with age-related performance deficits depends to a large extent on his ability to maximize the efficient use of control processes in secondary memory.

The problem for the psychologist is to determine the nature of age-related deficits in secondary memory functioning. Since access to information in secondary memory is relatively indirect, it is only by the manipulation of critical treatment variables that we can hope to distinguish age-related performance decrements attributable to secondary memory registration from those attributable to storage and from those attributable to retrieval. For example, if an individual fails to make a correct response, it may be because: (a) the information was not transferred from primary memory and therefore was not registered in secondary memory; or (b) the information may have been transferred to secondary memory but may not be adequately maintained in secondary memory perhaps because of interference from subsequently presented material; or (c) the required information may be available (that is, stored) in secondary memory, but the individual may be unable to complete a successful search and fail to retrieve the required information on demand.

We do not mean to suggest that the operations of registration, storage, and retrieval are functionally independent. For example, we suggested earlier that, in addition to storing the specific information to be remembered, it is likely that an individual also stores some retrieval cue. For the retrieval cue to be effective it must be readily and efficiently formulated, and it too must be stored and must be accessible to guide the search for the required information.

We will now examine the effects of selected treatment variables on the performance of older individuals. The effects of presentation rate and pacing, list length, and organizational factors will be discussed; and we will outline their significance for registration, storage, and retrieval of information in secondary memory.

Selected Treatment Variables

Rate and Pacing. It is not surprising that rate variables, perhaps more than any other variable, have been included in many age studies of learning. Slowing is one of the most pervasive behavioral effects of aging.[93] Although many studies of information processing use response speed as the principal performance measure, the emphasis here will be on studies involving the effect of rate or pacing on secondary memory, for example, the secondary memory components of free recall studies and of rote learning. In studies of aging it is particularly important to distinguish the effects of input rate (presentation pacing) from those of output rate (response pacing). In discussing these studies, we will point out the differential effects of input versus output rate on the registration, storage, and retrieval phases of secondary memory.

In a free recall task, a number of familiar items (typically words) is presented at a fixed rate, for example, one word every second or one word every four seconds. What is stored is information about the words--that they have just been presented and that they should be held for subsequent recall. After presentation of the list, the individual is requested to recall as many words from the list as possible in any order. The individual may be given a specified time to complete his recall or may be given unlimited time. In this procedure, the entire presentation component of the task precedes all overt responding. As a result, the learner can concentrate on registering the information during the presentation phase and is not required to switch his attention repeatedly between registration and retrieval. The input rate limits the opportunity for the individual to rehearse an item and to search for relationships between the items. The output rate limits the search time available at the time of retrieval.

Evidence for primary and secondary memory components in recall comes largely from a consideration of serial position curves in free recall tasks. It is assumed that recall of items from the beginning and middle of the list reflect output from secondary memory and recall of items from the last few items in the list reflect output from primary memory. Support for this interpretation is derived from studies that have demonstrated the differential effects of experimental variables on early and later portions of the serial position curve (see 37). Several studies of young individuals[38, 71,75] have shown that slower rates of presentation enhance the recall of information from secondary memory (that is, items from the beginning and middle of the list) but have no significant effect on the recall of items from primary memory (that is, the last few items in the list). Recently, Robertson[76] found similar results for old and middle-aged groups as well as for young groups. For all age groups, the increment in performance at the slower presentation rate was largely attributable to increased recall from secondary memory. When time between items is increased, it is likely that more items will be transferred to and stored in secondary memory by increasing opportunity for rehearsal and organization. Clearly the older individual does make some use of additional presentation time in these ways.

Unlike free recall, rote learning tasks typically alternate input and output phases. Paired-associate learning is a rote procedure in which each item consists of two parts: presentation of a stimulus, and presentation of that stimulus together with its response. The task is to learn to say the particular response that has been assigned to each stimulus. It is similar to learning a code or vocabulary in a foreign language. Whenever a stimulus is presented, the learner attempts to voice the correct response (usually a familiar word in aging studies). The time between the onset of the stimulus display and the onset of both the stimulus and response display together is designated the anticipation interval, that is, the time interval within which the individual must say the word which has been associated with that particular stimulus. The time between display onset and offset of the stimulus together with the response is referred to as the inspection interval, that is, the time interval within which the individual must acquire a response and make an association. The items are generally presented for many trials until the individual achieves some performance criterion (an errorless trial, for example), and the order of presentation of the items is changed from trial to trial to minimize the use of sequential cues.

In these paired-associate tasks, an individual must repeatedly divide his attention between output and input requirements because it is necessary to switch from the production of a response during the anticipation interval to the acquisition and rehearsal of each response and association during the inspection interval. It is usually assumed that the duration of the anticipation interval determines the time available to search for and retrieve a correct response from secondary memory. The duration of the inspection interval, on the other hand, limits the time available to register a response and an association as well as the time to rehearse an item and to look for some mnemonic device to relate a stimulus to its response.

We shall review some of the paired-associate studies of aging in which the anticipation interval and the inspection interval (or both) has been included as a treatment variable. Canestrari[22] reported that when both inspection and anticipation intervals were relatively long (3.0 seconds each), fewer errors occurred for both young and old learners than when both intervals were short (1.5 seconds each); and the old group benefited more than the young from the slower pace. In addition, an old and a young group were permitted to interrupt the stream of events at any time to increase the duration of any inspection or anticipation interval. This resulted in even fewer errors for both groups, and again the old benefited more than the young. As would be expected, the young learners interrupted the sequence less frequently than the old; but surprisingly, the latter group increased the anticipation interval much more frequently than the inspection interval. In other words, the older learners often increased the time available to make a response, but seldom took more time to study the stimulus and response together.

Canestrari[22] did not independently manipulate the duration of the inspection and anticipation intervals, but in a more recent study Monge and Hultsch[69] independently varied both the anticipation interval (2.2, 4.4, or 6.6 seconds) and the inspection interval (2.2, 4.4, or 6.6 seconds). They found that either a longer inspection interval or a longer anticipation interval reduced the number of trials required by the older individuals to reach the criterion of an errorless trial. It is interesting to note that a longer inspection interval benefited both young and old groups about the same, whereas increasing the anticipation interval was particularly beneficial to the older individuals.

Kinsbourne and Berryhill[56] investigated the performance of older individuals in another paired-associate study. Each individual was tested under three treatment conditions. The duration of the inspection interval (2.0, 4.0, or 6.0 seconds) was varied, but the duration of the anticipation interval was held constant (2.0 seconds). Their results indicated that increasing the duration of the inspection interval improves the performance of the older individual.

In addition, two studies in which only one performance trial was administered also found that the old groups benefited from increased study time.[24,46]

The results of these studies indicate that both old and young individuals benefit when more time is available during the inspection interval.[56,69] Certainly, more time to study an item provides more opportunity to rehearse a response and an association and increases the probability that information will be transferred to secondary memory. In addition, older individuals seem to benefit even more than younger subjects when more time is available during the anticipation interval.[22,69]

Previously, Arenberg (Study I, 1965) had found that when the inspection interval was fixed (1.9 seconds) and only the anticipation interval was varied (1.9 or 3.7 seconds), the old learners substantially reduced their errors at the slower pace. The results of both Canestrari's study[22] and Arenberg's Study I[4] are consistent with the interpretation that the age-related performance decrement can be attributed to a retrieval rather than a storage difficulty and reflects the older individual's need for additional time to search for and to recover a stored response. Such an interpretation gains indirect support from the fact that the additional errors at the fast pace in Canestrari's study were predominantly omission errors; that is, failures to respond.

In a direct test of this hypothesis, Arenberg Study II[4] investigated whether the higher frequency of errors at a short anticipation interval could be attributed to insufficient time to vocalize learned responses. After each paced trial, in which the anticipation interval was either 1.9 or 3.7 seconds, a self-paced test trial was administered. In the test trials, learners were given as much time as they needed to respond to each stimulus; but no confirmation of a correct response was provided as the response was not displayed together with its stimulus. If responses were equally available under short and long anticipation interval conditions (remember that the inspection interval was constant) and the paced performance age differences were due solely to insufficient time to make a response, then the performance of both anticipation interval groups should have been equivalent during the self-paced test trials when an individual had as much time as he needed to respond. The results did not support this hypothesis. On the contrary, groups that learned at the shorter anticipation interval did not substantially reduce their errors in the self-paced test trials. Even under the self-paced condition, the mean number of errors for the old group that was assigned the short anticipation interval treatment far exceed the mean number of errors for the old group that was assigned the long anticipation interval treatment. The findings suggest that individuals must also learn how to search for a required response and the production of the correct response seems to increase the probability that that item will be correctly recalled on succeeding trials. It should be noted that when an individual does make the correct association and produces the correct response it may be functionally equivalent to an additional presentation of the particular stimulus-response pair.

Further evidence suggests that an increase in the frequency of correct responses during acquisition improves performance only when the additional responses are the result of a successful search of secondary memory. Arenberg[5] described two studies in which procedures were included which increased correct responding for old groups during acquisition trials but which did not improve performance on subsequent test trials even though they were subject-paced. No attempt will be made here to describe those conditions except to note that they depended on the recency of the item to increase correct responding in the acquisition trials. The search for a correct response was minimal. Together these studies suggest that additional time to respond results in more effective learning for the old only if it increases the probability of a successful search.

A non-cognitive interpretation of the finding that older individuals make fewer correct responses than young adults especially under paced conditions is that the older person is more reluctant to venture a response.

Taub[83] attempted to reduce omission errors by instructing learners to respond to every item, but that procedure was not successful in increasing responding of the older group. Leech and Witte,[64] however, were successful in reducing omission errors by paying older individuals for incorrect as well as for correct responses. In addition, those who were paid for incorrect responses also learned the task in fewer trials than those who were paid only for correct responses. These results suggest that older individuals sometimes do not emit learned responses, particularly at a fast pace, but are more likely to respond under appropriate incentive conditions.

Eisdorfer and his colleagues have used paced serial learning procedures to develop an intriguing model of over-arousal and response suppression in the older learner.[30] In oversimplified terms, the argument is:

a. the older learner responds less frequently and performs less effectively at a fast pace;
b. he is capable of responding fast enough at the fast pace;
c. higher and more persistent levels of an index of autonomic arousal are found for old than for young groups during and after learning;
d. the level of arousal of the old is too high for optimal learning, particularly at a fast pace, and results in response suppression.

A recent study in which a drug was administered to reduce autonomic arousal provided evidence in support of this model. Immediately prior to a serial learning task, Eisdorfer, Nowlin, and Wilkie[31] administered a drug (which blocks autonomic arousal) to one group of old learners and a placebo to another group. The group which received the drug which blocks autonomic arousal made fewer errors than the control group. Eisdorfer et al. concluded that much of the reported age deficits in learning is attributable to the over-arousal of the older individual in a laboratory learning task.

It is reasonable to assume that to approach optimal performance by the elderly in an educational setting, conditions which produce over arousal should be avoided. Shooter, Schonfield, King, and Welford[80] concluded that "...difficulties and failures owing to unsuitable methods in training may introduce anxiety and lead to failure which will so shake older people's confidence that they are then unable to do jobs which they would otherwise have been able to tackle well." (p. 215).

List Length. In order to explore secondary memory, the amount of information to be remembered must exceed the primary memory capacity. One method for evaluating secondary memory is to vary list length, i.e., the number of items presented in a free recall paradigm. Craik has carried out several studies of adult age in which list length was included as a variable (see 26). In general, as list length increases, age differences increase. In two studies in which the lists consisted of unrelated words, the absolute number of words recalled increased for the young adult but did not increase for the older learner. Talland[82] also reported no increase in free recall for his oldest group when list length was increased. Storage and retrieval from secondary memory are required when list length is increased beyond the capacity of primary memory, and age deficits in these processes are indicated by these findings.

Obviously in educational settings, however, material to be learned is quite different from lists of unrelated words, and it is of interest to examine the performance of the older learners when related material is used.

Craik postulated that if retrieval deficits occur with aging, then decreasing the size of the pool of words from which lists are drawn should decrease the search demands of the task and benefit the old. The pool of words is extremely large when lists consist of unrelated words. When lists are made up of animal names, the pool of possible words is still sizeable but much smaller than for unrelated words; and when lists consist of English county names, the pool is even smaller (there are only 39 counties in England). As predicted, when list length exceeded ten, the old group recalled more animal names than unrelated words and more county names than animal names. Furthermore, for lists of county names, the differences between young and old groups remained about the same for the long list as for the shorter lists. This evidence supports the hypothesis that retrieval deficits occur for the older learner, and this his performance is improved when the retrieval requirements of a task are reduced by decreasing the pool of possible items to be searched in secondary memory.

Organizational Factors. Recently, psychologists have again become interested in the effect of organizational variables upon memory performance. Generally, organization refers to the processes whereby an individual groups psychological elements together on the basis of common properties or relations. Such grouping may occur at several different levels from perceptual to semantic and conceptual categories. It should be noted that organizational processes are generally control processes and therefore may be used at the discretion of an individual. Bower[19] has discussed organization in terms of groups (or classes) and relations (or relational rules), and he stated that such groupings appear to be the basic units in memory. Bower is referring to the proposition that the amount of information which can be stored and retrieved from memory, especially secondary memory, is determined by organizational processes. It is of course immediately apparent that the independent variables of rate and list length or amount of information discussed above have considerable impact on the opportunity for and complexity of organization. The important point is that organization of the information into some higher-order mnemonic groupings serves to increase memory performance.

We will now briefly summarize some of the experimental findings about the nature of the effect of age differences in organization on memory. An obvious but very important point is that the organization imposed by an individual on a set of to-be-remembered items depends on his perception of the structure of the material. Thus, the presence of perceptual, semantic, or conceptual categories must be discovered before such groupings can be utilized. This point is particularly relevant to the performance of older individuals. Craik[26] and Rabbitt[74] have suggested that older individuals fail to make use of the structure of the information under some circumstances. Craik[26] tested the sensitivity of old and young individuals to linguistic redundancy. Individuals were required to guess letter by letter a short sentence, "There is a big house on top of the hill," and they were informed after each guess whether they were right or wrong. Craik found that older individuals took significantly longer to guess the letters and required significantly more trials than younger individuals. This result suggests that older individuals have to some extent forgotten the probability structure of the English language or more likely that older persons do retain such language habits but in this rather contrived situation have more difficulty in retrieving the most probable letter or the most probable word.

A study by Hulicka and Grossman[45] provides additional support for the view that older persons do not attend to the organizational characteristics of information. The authors had noted that old subjects did not spontaneously verbalize mediational devices in the form of associational relationships between paired-associate items as often as young subjects and that those devices which were used were often inappropriate and tended to confuse the older individuals. In a study specifically designed to investigate age differences in the use of mediators in paired-associate learnings, they found that without specific instructions to use mediators, older individuals reported use of associations only half as often as younger individuals. However, the older individuals showed relatively more improvement than the young when given specific instructions to increase the use of organizational techniques.

A second proposition for which there is considerable support is that there is some optimal organization that will maximize recall performance. Much of the evidence for this view has been provided by studies of free recall. In a free-recall paradigm, an individual is presented a series of items and subsequently is asked to recall as many of the items as possible in any order. Certain differences appear between the input order and output order of the items, and these discrepancies are considered to reflect organizational processes imposed by the individual on the to-be-remembered material.

Hultsch[47] studied age differences in organization in multi-trial free recall by manipulating instructional conditions. Subjects were given standard free-recall instructions to recall as many words as possible in any order, instructions to organize recalled words without mentioning a specific organizational strategy, or instructions to organize recalled words alphabetically. Different results were found for individuals classified as having high and low verbal facility on the basis of vocabulary test scores. No significant age differences in recall performance were observed for individuals with high verbal facility. For individuals with low verbal fertility, age differences in recall performance were found under standand free-recall instructions and non-specific organization instructions. However, no significant age difference was found under alphabetical organization instructions even for individuals with low verbal facility. Therefore, it seems that specifying a particular organizational strategy based on an overlearned code that can be readily used by all individuals improves recall performance.

In another study, Hultsch[47a] considered age differences in free recall as a function of opportunity to organize the to-be-remembered information. In the free classification condition, individuals were required to sort the 52 stimulus items into two to seven categories until a criterion of two identical sortings had been achieved. The classification task provides a direct index of an individual's organization of the material prior to recall and of the relationship between organization during input and subsequent recall performance. In the control condition, individuals were merely instructed to inspect the stimulus cards one at a time. The results indicated that the older individuals exhibited less of a recall deficit under the classification condition which maximized the possibility for meaningful organization. However, contrary to expectation, there was no age difference in the performance of the free-classification sorting task itself. Therefore, age differences in recall performance could not be related solely to input organization. This apparent paradox may be resolved if we consider that in order for a retrieval plan or organization to be effective at the time of recall the retrieval plan itself must be stored and must be retrieved on demand.

This raises a third issue with respect to the locus of the effect of organization on memory. The organizational processes of recoding and chunking were introduced by Miller[68] as a means of overcoming the limitations of storage capacity. Clearly, in this view organization enhances storage. More recently, however, investigators have considered the significance of organizational processes for retrieval. Tulving and Pearlstone[90] have pointed out the distinction between the availability as opposed to the accessibility of stored information. Failure to recall an item could be interpreted to mean that the item is no longer stored or "available" in memory storage at the time of recall. However, it is also possible (and more likely) that failure to recall a familiar word represents a failure to "find" an otherwise intact trace in storage; that is, the item is not "accessible" at the time of recall. According to this proposition, organization aids recall performance by generating retrieval cues which are reinstated at the time of recall to guide the memory search.

The problem of retrieval has become a central issue in discussions of age differences in memory. Schonfield and Robertson[79] demonstrated that age-related memory deficits attributed to storage inefficiency are often confounded with difficulties in retrieving items from storage. They compared recall and recognition performance for individuals aged 20 to 75 years and found that whereas recall scores declined with increasing age, no age difference was found in recognition scores. The results suggest that with increasing age retrieval becomes more difficult perhaps because the search process necessitated by a recall task is less efficient. However, in a recognition task, an individual is merely required to select the previously-presented word from a larger group of words. Since that word is supplied by the experimenter in a recognition task the optimal retrieval cue for matching the memory trace is accessible and to this extent the search process is eliminated. Subsequently, several investigators have confirmed the finding of smaller age differences in recognition than in recall.[42,43,28] Thus, there is substantial evidence that there is poorer accessibility to and retrieval of stored material with advancing age.

Laurence[63] tested the hypothesis that providing older subjects with a cue at the time of recall would significantly improve recall performance. Individuals were given one free recall trial on a 36-word list composed of six words in each of six different categories. Immediately before the recall test, individuals were given a cue card with the six category names which they could consult during the recall period, and they were told that all of the words to be recalled belonged to one or another of the categories. She found a statistically significant effect on recall of having the cue card available at the time of recall, and, in addition, with the retrieval cue accessible at the time of recall there were no significant age differences in recall performance.

Interference

Interference is a concept that has been discussed extensively in cognition and aging and is frequently invoked as an explanation of age-related memory-learning deficits and increased forgetting for the older person. The prevalent assertion that with increasing age, one becomes more susceptible to interference is true at least under some conditions, but it is important to know the generality of this concept. Greeno, James, and DaPolito[41] have proposed an information processing model of interference in secondary memory in which interference can occur at two stages. One stage is interference with the registration of an item, specifically a stimulus and a response and the particular method used to relate them as an item pair. The second stage is interference with retrieval of an item from secondary memory. As is evident, this model of interference is couched in the terms of associative memory; but in our discussion of interference, we will refer to this model whenever it seems to help in identifying the locus and source of interference.

In this regard, it is helpful to consider possible interfering events on a time scale in relation to the task. It is well established that events prior to learning new material can be interfering to the learning or remembering of that material. It is also known that events following learning can affect retention of the learned material. Interference from events during a learning task can also occur. Further division on this time scale may be important in understanding interference and aging. For example, events that occur prior to the primary task but in the same laboratory session are likely to have quite different interfering effects from events that occurred years earlier or from cumulative effects of many lifetime experiences. Similarly, events following the primary task within the same session may have different interfering effects from events days or weeks later. Laboratory psychologists prefer to study events during experimental sessions because of the control available over such events. But from an educational viewpoint, it seems likely that the experiences and habits a student brings into a learning session frequently will be more important (positively or negatively) than events in that session prior to a particular learning task.

Interference from Prior Events. A study by Ruch[77] has frequently been cited as demonstrating that prior experience can interfere with performance of the older learner. One of the conditions of that study required the learning of false questions, e.g., 6 x 3 = 5. Ruch reported that older individuals experienced more difficulty in learning such items, which are highly affected by prior learning, than items such as pairs of familiar words or nonsense equations, e.g., A x M = B. Furthermore, according to Ruch, the interfering effect of prior learning was more evident in the old group than in the young. In a similar study, Korchin and Basowitz[59] found age deficits in all three tasks, but they reported that the old experienced particular difficulty with both nonsense equations and false equations. This result is not inconsistent with the data reported by Ruch.

Another method of studying the effect of established habits on performance and aging is to vary associative strength. When one word frequently elicits another word in free association, the pair is said to have high associative strength. For example, chair-table is high whereas chair-moon is low. Several studies have shown that older groups benefit more than young adults when performance on lists composed of high associative strength is compared to that with lists of low strength.[23,52,95] Lair, Moon, and Kausler[62] constructed lists in which the correct response was a high strength response to some other stimulus in the list; e.g., from pairs such as "blossom-flower" and "hot-cold," new pairs such as "blossom-cold" were created. The old learners experienced great difficulty in learning the list constructed to maximize associative interference. Taken together, these studies indicate that when well established habits are beneficial for learning a laboratory task for the young, they are even more beneficial for the old; and when the well established behavior interferes with learning for the young, it is even more interfering for the old.

In a retroaction study, the focus is on the interfering effects of learning a second list on recall or relearning of the first list. However, such a study also can provide data on the effect of learning the first list on learning the second. In those aging studies in which second list performance was reported, second list learning compared favorably with performance on the first list for young and old groups.[5,36] Lists in such studies are usually matched in difficulty, so it seems that the old have learned something about how to learn items in a list even when the experimental conditions have been designed to provide interference with second-list learning due to first-list learning.

Little evidence is available about the effect of an older person learning a prior list on retention of the second list. When two paired-associate lists were learned successively and responses to stimuli in both lists were recalled immediately following learning the second list, age differences in recall of second-list responses were reported by Traxler and Britton.[87] The differences were small, however, and almost all of the items from the second list were recalled correctly.

In Greeno, James, and DaPolito's model,[41] interference from learning a previous list has its effect by interfering with the registration of new items into storage. The model assumes that past encodings of elements of a new pair are carried over to the new learning situation and interfere with registration of new items into secondary memory. It seems reasonable to extend that interpretation to interference from events prior to the experimental session, and the evidence indicates that the older individual is especially susceptible to such interference.

A related type of interference which seems to be prevalent in the older individual is interference from his own errors. This type of interference does not fit neatly into the temporal frame of reference we have been using, but it seems most similar to interference from prior events during the same session. Kay[54] has reported that the older individual tends to repeat his errors in a rote learning task. Goodrick[39] has reported similar findings for old rats learning a complex maze. Many of his senescent rats never learned a maze that young rats learn with little difficulty. An analysis of the patterns of maze behavior showed that the old animals continued to enter the same culs-de-sac on repeated trials. When the culs-de-sac were blocked to prevent the animals from making incorrect turns at choice points, the old rats learned as effectively as the young (Goodrick, personal communication). These results suggest that for the old, persistence of encoding of the incorrect response interferes with encoding the correct response in secondary memory.

Similar behavior is frequently seen when instructions are given to older individuals in a laboratory task. If the instructions are not simple, before all aspects of the task are described the older person sometimes arrives at misconceptions about the total task based upon incomplete information. When that occurs, it is usually difficult to overcome those misconceptions. If we think of instructions in the laboratory as extra-task learning, experience indicates that it is quite important to minimize misconceptions in learning.

It would be surprising if performance of the older learner in many educational settings would not be improved by minimizing opportunities for errors and misconceptions.

Interference from Concurrent Events. In many of the studies which demonstrate age deficits due to interference from concurrent events, the task required little if any information to be stored in secondary memory for more than a few seconds. Although the principal emphasis in this chapter is on secondary memory processes and aging, it may be worthwhile to examine some of those studies, particularly those which required attention to be divided between two aspects of a task.

Broadbent and Heron[20] used two memory tasks involving crossing out digits, and performance was compared between two age groups with and without distraction. The distraction task also required memory. While the digits were crossed out, a letter was presented every five seconds, and after every ten letters, the repeated letter was requested.

The major age difference occurred for performance on the distraction task. In order to cross out digits rapidly while carrying a memory load, the older groups were unable to attend adequately to the distracting task. Unlike the young adults, the older groups seemed unable to divide their attention between two concurrent tasks and perform reasonably well on both.

Kirchner[58] reported a study in which one of twelve numbered lights was on, and the light which was on was changed every 1.5 seconds. For each light there was a response key. In the no-memory condition, the key corresponding to the light currently on was supposed to be pressed. Old and young individuals performed virtually without error under that condition. In the "one-back" memory condition, the key corresponding to the light which had just gone off was the correct key. Again the young groups attained nearly errorless performance, but the old group made errors. Under the "two-back" condition, the key corresponding to the light which had been on two lights earlier was correct. A few errors were made by the young groups, but the old group was able to respond correctly only to about one third of the presentations; and the older individuals were completely unable to perform under the "three-back" condition. Although the memory load was minimal, the task required dividing attention between acquiring information, responding, and dropping information, and the older individuals were found to be extremely susceptible to that kind of interference.

Kirchner's study was modeled after a previous study by Kay (see 92: 248-250). Kay's "older" group was "over 30," whereas Kirchner's older group was 64-78. Even with two adult groups rather close in age, Kay found small differences at the two-, three-, and four-back conditions favoring the "under 30" group.

Tallant[82] used two tasks in which four to seven words were read aloud immediately followed by all but one of the words again. When the task was to report the unrepeated word, no age difference was found. When the task was to report the repeated words and then the unrepeated word, performance declined with increasing age.

Fozard, Nuttall, and Waugh[32] presented four repeated words and one unrepeated word. They, as did Talland, found age differences when the unrepeated word was reported last; but they also found an age deficit in recall of only the unrepeated word. Although not in total agreement, these two studies together provide further evidence that dividing attention among presentation of new words, matching repeated words, and identifying an unrepeated word, is a source of interference which is particularly detrimental to the performance of the older individual.

The results of several other studies are consistent with the interpretation that the older individual is especially susceptible to response interference. If the elements of a list are somehow divided into two subsets, and performance on the subset reported first is distinguished from the subset reported second, small or no age differences in recall have been reported for the half reported first, whereas age differences for the half reported second have been found consistently. Most of these studies have used dichotic presentations. Two different words (usually digits) are presented simultaneously, one to each ear, rapidly followed by two more simultaneous words, etc. Many people spontaneously report all the words presented to one ear before reporting any of the words presented to the other ear. In several studies, age differences were small or not found for the words reported first (from one ear); but recall of words presented to the other ear (and reported after the first-ear words) invariably showed an age deficit.[49,66,25] Even when the experimenter designated which subset (ear) should be recalled first, and the designation was provided after all the words had been heard, only the subset reported second showed an age difference.[48,50] All of this evidence is consistent with a response interference interpretation. While one subset is produced, the other subset must be temporarily stored without the opportunity for rehearsal and is subject to interference attributable to responding with first subset.

Similar results were found when visual stimuli were presented sequentially and color-coded to designate subsets and to provide a label for the experimenter to identify the subset to be reported first. Taub[84] and Taub and Greiff[85] found age deficits only for the half responsed second, and they interpreted their findings as age-related response interference.

One can also look at these tasks in terms of divided attention. If the material at presentation is categorized into two subsets, one subset is reported first, and the other subset is stored and then reported, the age deficits in performance can be construed as due to divided attention among the multiple aspects of the task.

Earlier, when the pacing literature was discussed, it was suggested that at a fast pace the older person encounters additional difficulty in storing subsidiary retrieval information together with the principal information to be stored and retrieved. One way to conceptualize the pacing evidence is in terms of interference from events occurring around the time information is registered in secondary memory. All of the processes involved in transferring information from primary memory to secondary memory require time. Attention must be shifted repeatedly, and each process could potentially interfere with any other process. The faster the pace, the more likely such interference will occur. It is reasonable to assume that some, if not all, of these processes require more time for the older person than the young adult. Therefore, fast pacing may be a source of concurrent interference in registering information in secondary memory, and the older learner seems to be particularly vulnerable to such interference.

Interference from Subsequent Events. Two retroaction studies of aging published in the same year attempted to explore the interfering effects of learning a second task on the recall or relearning of the primary task.[36,94] Gladis and Braun found no age differences in retroaction, whereas Wimer and Wigdor found that an old group encountered greater difficulty relearning the first list than did a group of young adults. Both used paired-associate lists and there almost all procedural similarity ends. One of the many differences in the two studies was the anticipation interval, the time permitted to respond to each stimulus; Gladis and Braun used a four-second anticipation interval whereas Wimer and Wigdor allowed one second to respond. Arenberg[5] used lists from the study of Gladis and Braun and presented them at anticipation intervals of 1.9 or 3.7 seconds. Only at the short interval did the old group require more trials than the young to relearn the first list. These results essentially agree with the results of Gladis and Braun and of Wimer and Wigdor.

Hulicka[44] reported age differences in retroaction effects only when young and old groups learned paired-associate lists for a fixed number of trials. When learning was carried out to a criterion, the procedure used in all three of the retroaction studies cited above, no age difference in interference from learning an interpolated list was found. The latter result is consistent with the other studies in that Hulicka used a long anticipation interval, a condition which was not found to produce age differences in retroaction by either Gladis and Braun or by Arenberg. The age difference in retroaction when learning was for a fixed number of trials was attributable to improved performance for the young group rather than poorer recall by the old.

The study reported by Traxler and Britton[87] was referred to earlier in the discussion of the effects of learning one list on the recall of a second list. In that study, two lists were learned, and then responses to stimuli from both lists were recalled. Age differences were found on recall of first list responses indicating that learning the second list interfered with the recall of the older individuals more than the young. Under the high interference condition in which different responses were learned to the same stimuli, the age difference in retroaction was greater at the short anticipation interval than at the long interval, a result which was in agreement with Arenberg's[5] retroaction findings.

In general, the retroaction findings indicate that when time to respond is short and interference conditions are maximal, the older individual is especially susceptible to interference from learning a second list when recall or relearning of the first list is measured. In the model of Greeno, James, and DaPolito,[41] retroactive interference is due to decreased retrievability of items in the first list. Under the conditions of the retroaction studies cited above, the model assumes that first-list items are maintained in secondary memory but their retrieval is suppressed. Stimulus components were the same in both lists, and the retrieval of each first-list response is interfered with by learning a new retrieval path for each item in the second list. It is not surprising then that a short anticipation interval, which severely limits search time for the older individual, results in poorer recovery of suppressed first-list retrieval when first-list responses are recalled or relearned.

Studies of Adult Training Procedures

Experimenters have examined important theoretical problems concerning age differences in cognitive performance, and it is refreshing to note that the principles derived from such studies have been used in the development of suitable forms of training and retraining programs which play an important part in promoting employment opportunities for middle-aged and older people. Technological progress frequently necessitates that individuals master more than one skill in the course of their working lives, and these skills will tend to be cognitive rather than manual. This means that people will be learning new tasks as they become older and therefore training programs must take into account the special requirements of middle-aged and older adults. Traditional industrial training typically involves rote methods of learning a job by verbal description, acquiring new terminology, or memorizing details of charts and diagrams. All such rote methods penalize older workers.

Many evaluation studies of adult education programs involve industrial skill training. The most important conclusion to be drawn from a review of this work is that the critical variable is the particular training method employed. Under suitable conditions, older individuals can learn and can perform new tasks as well as younger individuals.[12,13,16,14,70] Belbin and her co-workers have developed a training scheme which they term the "activity method." This method stresses the importance of training procedures which actively involve participants in the learning process and where possible the training task simulates the actual work situation.

Rather than review specific details of the studies, we will concentrate on outlining the principles of the activity method and relate them to our earlier discussion.

First, many of the training studies were conducted in a work setting rather than in the laboratory. The artificial laboratory conditions may produce anxiety and considerably reduce the confidence of the older individual, with the result that in this situation we may underestimate the older person's potential learning capacity. The deleterious effect on performance of over-arousal was discussed earlier,[30] and must be considered a real problem. The instructor must be supportive and encouraging and should endeavor to present the students with clear evidence of progress. In a study reported by Mullan and Gorman,[70] management attempted to minimize the anxiety associated with retraining in two ways: management indicated their recognition of the seniority of the older workers by training them first; and older workers were trained with their age peers.

Second, individuals were permitted to learn at their own pace and therefore seldom encountered a problem that they were incapable of solving. Self-pacing also permits an individual to review the material as frequently as he wishes. The deleterious effect of fast presentation rates on the performance of older individuals was documented earlier. It should perhaps be noted that the usual verbal instruction or lecture is in fact a paced task, and instructors should consider taking a short break even during an hour lecture session. Shooter, Schonfield, King, and Welford[80] reported, furthermore, that older people performed better if training was spaced at intervals over several weeks rather than concentrated in an intensive course.

A point which is closely related to self-pacing of learning is that under these conditions problems arising from an exercise are dealt with immediately and misconceptions are not allowed to persist. There is some evidence to suggest that unlearning an incorrect response is particularly difficult for older individuals (for example, 53), and the unlearning problem is best avoided.

Third, the activity method simulates the actual task which ensures that the to-be-learned information is seen by the trainees as relevant and realistically related to their needs. Furthermore, the simulated task imposes its own organizational processes on the learner. In order to perform successfully the individual must attend to relevant cues. Frequently, the individual is required to discover the concept or rule on his own which helps to establish a retrieval plan. The activity method typically involves increasingly complex exercises and simulations with frequent review sessions. Thus, the individual is required to practice both storing and retrieving information until the encoding and decoding are highly overlearned skills. As was discussed earlier, older individuals do seem to have special problems in retrieving information from storage and in order to improve performance a retrieval plan must be accessible at the time of recall. It seems reasonable that remembering how to remember is itself a skill which benefits from practice and experience, and then one would expect that older people would improve their retrieval performance by successfully retrieving information.

It should be noted that the older individuals in these training studies are usually less than 60 years of age. In addition, the applicability of the activity method to training individuals with considerable backgrounds of academic training has not been established.

We would be remiss in our obligations to the reader if we failed to point out that experimental studies of aging in the learning-memory area are fraught with methodological problems. It is doubtful that any aging study cited in this chapter is free of all such problems. We could have attempted a critical evaluation of each study; but we did not for several reasons. The chapter would have become too long and unwieldy; and the focus would have been lost. Many of you who have persevered to this point probably would have given up. But most important of all, the literature in its current state is what is known at this time. Despite the flaws, it is what we have, even though subsequent research undoubtedly will prove some of it to be wrong. For those of you who are interested in excellent but technical discussions of some of the methodological difficulties in this area, we recommend Goulet[41] and Schonfield.[78]

Another important point to keep in mind is that the findings discussed are based on group means. Within an age group there is always some variability about that mean, and frequently the variability within an older group is high relative to comparable young groups. Typically, among the older groups, some performances are found which are indistinguishable from those of young adults. Some older individuals give the casual observer the impression that their learning abilities are intact by selectively avoiding behavioral settings which would reveal their deficits. Even under the scrutiny in a laboratory setting, however, we find many older individuals performing like the young.

Mean performance measures should not be generalized to all members of an age group. Perhaps group performance should be used as a guideline only in the absence of information about an individual.

Summary and Conclusions

Laboratory research indicates the following:

1. Although older learners can maintain and recall about as much information in primary memory as young adults, when the capacity of primary memory is exceeded age deficits emerge.

2. Under conditions of fast pacing, whether the presentation rate or the response rate is increased, the older learner is usually handicapped; his performance is especially benefited by self-pacing.

3. Some conditions which increase the organization of information into secondary memory improve learning for the older individual.

4. Under some conditions, especially those which oppose established habits or preconceived ideas, learning of the older individual is especially susceptible to interference.

5. Retrieval of information which includes a substantial search of secondary memory is especially difficult for the older learner.

Conditions which maximize the likelihood that cues for coding information into secondary memory will be available at the time of retrieval should improve learning for the older person. Conditions which reduce that likelihood, such as information overload, fast presentation, insufficient time to respond, or interference from other sources usually are deleterious to learning by the older individual. The challenge to the teacher is to apply or devise procedures which approach the former criterion and to avoid those which are likely to be deleterious.

For example, it would be helpful for an instructor to provide a skeleton outline indicating points to be covered. Furthermore, if a formal evaluation of information is necessary, it is important to use a test that does not by itself jeopardize the performance of older individuals. If a recall test in the form of an essay question is used, then it would be helpful to list the points which should be included in the essay. If successful retrieval of the required information is not critical to the performance, then recognition procedures provide a more sensitive index of knowledge.

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PART II

THE ROLE OF EDUCATION IN AN AGING SOCIETY

CHAPTER 2

THE ROLE OF GERONTOLOGY IN ADULT EDUCATION

David A. Peterson

The process of human aging is universal. From conception until death, each person moves through biologically, psychologically, and environmentally controlled stages in a generally regular fashion. Variations among individuals may occur, but the progression continues.

For most of human history, it has been assumed that each person progressed through periods of growth, stability, and decline which were basically beyond personal or social influence. Only recently has the possibility of modifying the way a person moves through the stages of life become widely accepted.

During the past twenty years the belief that the aging process can be modified in numerous ways and that adjustment to the process can be facilitated by information and planning has begun to be accepted. Impetus for this belief has come from new and encouraging data on the learning abilities of older people; the tremendous growth of the older population during this century; heightened social consciousness; and expansion of knowledge on the behavior, adjustment, health, and growth in the later years. Successful aging has come to be viewed as the dual responsibility of the individual and of society.

Heightened sensitivity and concern for older people has led to recognition of their educational needs. Educators and gerontologists are now beginning to focus on the needs of older people and to develop educational programs which will provide the skills, knowledge, and experience to assist older people in meeting these needs.

This developing interest and concern has led to a new role for adult education--a role which has been almost totally disregarded in the past and is now receiving only minimal attention. This role is to provide education for the later years of life, those years when new problems combine with old to form an altered life situation, and where increased leisure time provides for growth opportunities of uncommon means. The responsibility, the need, and the potential of adult education's new role are clear, but the commitment on the part of adult educators appears to be slow in developing. A typical statement today is that older people compose a potential client group, but that they are just too hard to reach. Statements such as the following from the 1970 Handbook of Adult Education typify the situation:

> It is unfortunate that adult education has not been more fully utilized to insure that the aged person's contact with other people is maintained. Most of the aged, and particularly those with low educational attainment, do not turn to education as a source of help. The common view that education is for the young inhibits many oldsters from utilizing it to participate in life as an exciting adventure.[9, p.16]

It is apparent from this statement that the burden of meeting educational needs is placed on older people. Adult educators too often perceive them as having failed to take advantage of the offerings of adult education. This perspective is no longer tenable in light of the extensive recruiting efforts that have been used with other clientele groups. Altered programming, recruiting, and financing have already shown significant successes with adult basic education students; similar innovations are needed for education of older people. A new point of view is needed; gerontology is now beginning to provide this point of view in the guise of a new role for adult education, a role that thus far has been little recognized or accepted.

Gerentology

Before we examine more closely the new role which gerontology provides the field of adult education, it is appropriate to gain some general understanding of the field of aging. Gerontology is informally defined as the study of the process of aging. Every living thing ages; this process and especially the later stages of the process are the content of gerontology. Although there are many subfields, our interest here is on human aging and a subfield called social gerontology. Social gerontology has developed as a field of study in the past fifteen years and emphasizes the "phenomena of aging which are related to man as a member of the social group and of society, and those phenomena which are relevant to aging in the nature and function of the social system of society itself."[17,p.ix]

Human aging occurs throughout life, but social gerontologists are generally concerned with the later stages of life. The question, however, that continually troubles the field is at what point a person reaches the gerontological years. For practical purposes Americans seem to have settled on 65 years as the number needed to reach old age. There is nothing significant about 65, except that it is the conventionally accepted age for retirement. In other words, individuals do not change extensively from age 64 to age 65. Aging is a continuing developmental process. However, for numerous social and income programs some general criteria of oldness is needed, and chronological age is the one that has been settled on.

The field of gerontology can be viewed from a variety of content perspectives. It can also be seen as a research area, a field of practice, or a social need area. Each of these approaches has its philosophical perspective, its roles and customs, and its advocates. In large measure, however, gerontology has been an area of research interest and a field of social service. University researchers have devoted extensive efforts toward understanding the physical, psychological, and social aging process, while practitioners have attempted to overcome the social, health, and economic problems that too often accompany old age.

Educators, generally, have not been interested in the later stages of life. Although education for aging is occasionally mentioned, it can not be said to be a central area of interest of public schools, colleges, or informal educational agencies. Older people have been assumed to have interests and needs similar to persons in the younger years, and programming especially designed for older people has been slow in developing.

Demography of the Older Population

Before we look with any depth at the role which gerontology can play in the field of adult education, a brief review of the demography of the gerontological group is required. There are currently 21 million persons 65 years of age and older in the United States. They comprise ten per cent of this nation's total population--a percentage that has grown consistently throughout this century and may be expected to expand somewhat further if the low birth rate continues.[2] Because of its age, this group experiences excessive turnover with approximately 4,000 persons reaching their sixty-fifth birthday every day and another 3,000 older persons dying.

The 365,000 yearly net increase brings individuals who are healthier, better educated, and economically better off into the category and continues to change the mix of persons in the later years. With a median age of 73, the over-65 group is predominantly female, with 139 women to every 100 men. The proportion of women increases as the age of the cohort increases.[2]

The growth of the older population in this century has resulted primarily from improved health care. Life expectancy for a person at birth has increased from 47 years in 1900 to 70.4 years today; however, life expectancy at age 65 has increased very little during this period, from approximately 11.5 years in 1900 to 14.8 years today.[1] Consequently, a greater proportion of individuals are reaching retirement age, but once that age is reached there is no expectation of significantly longer life than in previous decades.

Older persons have less than half the income of their younger counterparts. The median income for a family headed by an older person was $5,453 in 1971, and the median income for older persons living alone was $2,199. Some 4.3 million older persons are living in households with incomes below the poverty level. Women and minority aged are greatly over represented among the aged poor.[19]

The health of older people allows most to lead active, independent lives. Although 81 per cent of all persons over age 65 have some type of chronic health condition, only 15 per cent are unable to carry on their major activity, be it employment or housekeeping.[15,p.215] However, medical costs for many are very high and continuing to rise ($861 per older person in 1971) with older individuals subject to more disability, more physician visits, and more and longer hospital stays than younger persons. Although less than five per cent of the older people live in any kind of institution, over one-third of all older women live alone and 54.6 per cent are widowed.[2]

Educational Background of Older People

Older persons in this country face numerous problems as may be inferred from the demographic data presented. Health, income, housing, transportation, role loss, isolation, loss of friends, and impending death are some of those placing new demands on aging individuals. At the same time, many have needs to express their creative abilities, to continue to grow, to explore new areas of knowledge and geography.

The ability to cope with these problems and to continue their intellectual growth is partially a function of the previous educational experience of older people. In *general, the greater the individual's age, the less* formal education he has had. The median number of years of school completed by persons over 65 in 1972 was 9.1 years. This means that nearly half of today's older population has had no high school education whatsoever. Table 1 shows a breakdown of the number of years of school completed by persons at various ages.

TABLE 1

YEARS OF SCHOOL COMPLETED
March 1972

Age	Years of School Completed (% distribution)							
	Elementary School			High School		College		Median School Years Completed
	Less Than 5 yrs	5-7 yrs	8 yrs	1-3 yrs	4 yrs	1-3 yrs	4 or more	
25-29 years	0.8	2.7	3.1	13.6	43.8	17.1	19.0	12.7
30-34 years	1.4	3.4	4.7	16.7	43.9	13.6	16.5	12.5
35-44 years	2.5	5.4	6.9	18.5	41.5	11.5	14.7	12.4
45-54 years	3.4	7.3	10.8	18.6	38.6	10.6	10.7	12.3
55-64 years	5.6	11.6	17.3	18.9	29.3	8.5	8.8	11.3
65-74 years	9.9	16.0	23.6	15.3	20.1	7.2	7.8	9.1
75 years and over	16.0	18.3	27.1	11.8	15.2	6.1	5.6	8.6

U.S. Bureau of Census, "Educational Attainment: March 1972." Current Population Reports, 1972.

At least half the persons in the older population must be viewed as under-educated, and nearly three million are categorized as functionally illiterate. It is important to note, however, that the limited exposure to education is primarily restricted to persons over age 55, and especially prevalent in those over 65. Each of the groups between 25 and 55 have an average of slightly over twelve years of schooling, Put another way, the average person under 55 has completed high school, and age is not significantly related to the amount of schooling. The group of persons between ages of 55 and 64 are the transition group, showing an increase in schooling over the older group, but less formal education than the younger group.

Another way of showing the significance of the change taking place is to review educational levels in the past. Table 2 shows that persons over the age of 65 in 1940, 1950, 1960, and 1972 have had approximately the same number of years of formal education--slightly more than eight years. The only exception is women 65-74 in 1972 who have nine and one-half years of education.

TABLE 2

MEDIAN SCHOOL YEARS COMPLETED BY AGE
AND SEX FOR THE UNITED STATES
1940, 1950, 1960, 1972

	AGE					
	25-34	35-44	45-54	55-64	65-74	75 and over
Males						
1972	12.7	12.5	12.3	11.1	8.9	8.4
1960	12.2	12.0	9.9	8.6	8.2	8.0
1950	11.8	10.0	8.7	8.4	8.1	8.8
1940	9.7	8.7	8.4	8.2	8.1	7.8
Females						
1972	12.6	12.4	12.3	11.5	9.5	8.7
1960	12.2	12.1	10.6	8.8	8.5	8.3
1950	12.1	10.6	8.9	8.5	8.3	8.2
1940	10.3	8.8	8.5	8.4	8.2	8.1

U.S. Bureau of the Census, Eighteenth Census, 1960; Seventeenth Census, 1950; and Sixteenth Census, 1940; and Current Population Reports, 1972.

Up to this time, retirees have been generally equal educationally. There has been little difference between the oldest and the youngest retirees. However, this is about to change. Persons age 55 to 64 in 1972 have a significantly higher education level than do those already retired, and the 45 to 54 age group has education approximately equal to each of the younger groups.

The quality of the education received by older persons must also be considered. With teachers who were ill-trained, materials which were scarce if available at all, a curriculum which deviated little from the three R's, and a class atmosphere which typically stressed discipline above learning, it is probably not accurate to equate a year of schooling in the early 1900's with a year today.

Thus, persons over age 65 are less well prepared by formal education to meet the challenges that face them than are those at any younger age. Although they have doubtless profited from their years of experience, they may well have neglected the development of those skills which are increasingly needed to adjust to the constant change which impinges upon all of us.

Since education may provide a person with the skills which help him understand the world in which he lives and equips him to make better decisions regarding the options that are open to him, older people may be expected to be less successful in adapting to changes around them than are younger persons.

Older Persons' Educational Needs

One of the needs of older people is that of education to overcome these deficiencies. This education should provide the basic learning skills that are needed as well as specific information and experiences which will help meet the new challenges of old age.

Education for older people must also begin to be preventive rather than totally ameliorative. As persons with increased education reach the retirement years, they may face fewer of the crises with which current retirees have been plagued. They will have different needs and education can begin to play different roles in assisting them.

There are several categories of educational need. These have been conceptualized in a variety of ways by different writers, but one of the most useable set of designations is provided in the Education Background Paper of the 1971 White House Conference on Aging.[11] In this paper, Howard McClusky identifies four educational need categories--coping needs, expressive needs, contributive needs, and influence needs. Each of these is described in terms of its programmatic implications and relevance to the older group.

Coping needs refer to that group of requirements which must be met in order to continue adequate social adjustment, psychological health, and physical well-being. McClusky includes such programming as adult basic education; health education; and training for economic improvement, legal arrangements, housing choices, family adjustments, and successful use of leisure time.

The second category, expressive needs, refers to those areas where individuals engage in activity for its own sake, activity which has intrinsic meaning and pleasure. This educational activity may include physical education, liberal education, or hobby and personal interest areas.

Contributive needs are those which encourage older persons to repay society in some way for its past generosity. Many older people feel that they need to serve in some way, to help others less fortunate than themselves, to repay a past debt. This need can be translated into educational programming through in-service, leadership, and community awareness education.

The fourth area of need is referred to as influence need. This identifies the desire of older people to be able to affect the direction and quality of their lives. Educationally this has been approached through civic and political organization and the accompanying education for leadership, community action, and problem solving.

Awareness of the usefulness of these several kinds of education for older people is not currently widespread. In fact, it is often overlooked as a resource which could be of significant service to older people. When education is mentioned, it is typically accorded low priority, both by adult educators and by older people themselves.[14] This has led to low participation rates by older people in educational activities and limited interest in this type of programming by adult educators.

It is well documented that age is inversely related to participation in continuing education.[7] That is, the older the person, the less likely he is to be engaged in any organized adult education program. A 1969 study by the Bureau of the Census[20] showed that 11.0 per cent of the total eligible population over 17 years of age participated in adult education. Eligible population was defined as those who were not full-time students. However, participation was not evenly spread over the total age range. As age rose the per cent of adult education participation declined. (See Table 3.)

TABLE 3

PARTICIPANTS IN ADULT EDUCATION AS A PERCENTAGE OF THE TOTAL POPULATION BY AGE - UNITED STATES, MAY 1969

Age	Population in each age group	% who participated in adult education
17-24	24,800,000	18.0
25-34	23,600,000	18.2
35-44	22,700,000	13.5
45-54	22,700,000	9.4
55-64	17,900,000	4.5
65 and over	18,600,000	1.6

U.S. Department of Health, Education and Welfare. National Center for Educational Statistics. Participation in Adult Education, 1969; Initial Report.

Of an eligible 18,600,000 people over 65 in 1969, only 263,600 or 1.6 per cent actually participated in adult education activities of any kind. No reason for this decline is provided in the study, but it was shown that the decline is approximately parallel for men and women, as well as for Whites, Blacks, and other racial groups.

A New Role for Adult Education

Adult education is a diverse and comprehensive field. It includes a wide variety of educational methods, clientele, and content which are not easily integrated into a single statement covering the enterprise. The goals of adult education also include a wide variety of programs and philosophy. A. A. Liveright has attempted to derive the goals of the field by inductively surveying programming in the field. He concluded that there are four major goals: "occupational, vocational and/or professional competence; personal and family living competence; social and civic responsibility; and self-fulfillment."[8,p.4]

These goals include virtually all of what we know as adult education. The problem, however, is not in the breadth of the definition, but in the comprehensiveness of its implementation. It is clear that in some areas, the implementation is not complete and some segments of the population are unconsciously excluded from participation in adult education activities. As indicated earlier, the lack of participation by older persons in adult education activities may be the result of disinterest, lack of motivation, costs, or a generally negative attitude toward their capabilities.

The reasons may be multiple, but the result is singular. Participation in activities defined as basically educational are almost totally disregarded by the older population. Their needs for adjustment and growth are evident, but education is not utilized to meet these needs. The situation presents a new challenge to adult educators and provides a new role which will be required in the near future.

The Challenge to Adult Educators

The challenge that faces adult educators is to reorient their thinking in such a way that they acknowledge the educational needs of older people and accept the tenet that individuals of all ages have the potential for development and continued growth. This will place educators in a unique position in relation to other professionals providing services to the older population. Other professionals tend to emphasize the decline that accompanies old age; stress the importance of problem solving; and provide protective, rehabilitative, and custodial service. These services are needed and appropriate in many cases. However, other services based on alternative positions are more appropriate for educators.

Education is essentially an affirmative enterprise. As Howard McClusky points out, it is based on the assumption that through learning, change can result which will improve the quality of a person's life.[12] The change is a positive potential of the individual to grow in such a manner that he can affect his own destiny and improve his own condition.

The field of adult education, then, has the opportunity to respond in a more positive way to the condition of older people than do some other professional service areas. Adult educators can develop educational activities which will ameliorate problems of older individuals, but they can also institute programming which is principally preventive in nature and which will facilitate the continued growth of the individual.

Thus, gerontology provides adult education with the challenge to accept a new role, one which has been generally overlooked in the past but which is becoming more urgent as we move into the future. This role is to provide the education needed for successful growth and adjustment in the later stages of life. This role brings with it a variety of ramifications.

Gerontology's Role in Adult Education

In order to respond to the challenge of the various educational needs of older adults, it will be necessary for the field of adult education to adjust in at least five ways. These include expansion of programming, adjusted emphasis in the psychological base, alternative financing mechanisms, expanded recruitment, and a changed philosophical stance.

Programming. The first major adjustment that will need to be made is in the area of programming. As noted previously, older persons have tended to avoid the type of programming typically provided by adult education agencies. Although adult courses are generally open to older people, senior citizens do not participate. They typically find the courses designed for younger people, competition greater than they desire, and fees beyond their means. Adult education agencies have failed to develop programs specifically for older people. Consequently participation rates are extremely low.

In order to change this situation, adult educators will need to revise their view of older people as potential clientele and begin to program for their needs and interests. McClusky's four categories of need may be advantageously used to determine which types of educational experiences should be provided. The category of coping needs is an appropriate one to give priority. Londoner, who uses the term instrumental education to refer to this type of programming, points out that the needs of older people can best be approached by education which provides the skills and information needed to help solve problems.[10]

Hiemstra has built on this theoretical position by surveying the expressed educational interests of older people and has found that instrumental education if presented in convenient locations is much desired by older people.[5]

Courses which fall into McClusky's second category--expressive needs of older people--are also appropriate. These would include many offerings in the liberal education area as well as arts and crafts, current affairs, and such special interest areas as geneology. These are the courses that older people are likely to take in the general adult education program, but have been shown to be of special interest when they are offered primarily for older people.

Expressive activities offer the greatest potential for growth and continued social engagement of older persons since they allow individuals to renew or continue their contact with the world of learning. Too often this area of educational growth is discontinued in earlier years. A concerted effort needs to be made to re-engage these people in education activities, such as philosophy, literature, history, politics, which will allow them to examine and explore areas of knowledge which have held the attention of mankind for hundreds of years.

Courses which would prepare persons for the contributive role are also needed. The retirement of the breadwinner, loss of children, and decline in income frequently make older people feel less sure of their value and place in society. Educational offerings which can provide insight into their role in the community, emphasize their skills, and develop new competencies which can be provided to community groups would allow the aging to find a role which has meaning both for them and for the community.

Numerous governmental and voluntary programs are now providing older persons with community service roles. Foster Grandparents, SCORE, Retired Senior Volunteer Program, VISTA, and Green Thumb are examples of federally funded efforts, but others, more local in character, also include significant numbers of older people. Training for the volunteer role is needed in many cases since a majority of older persons have not had extensive previous experience and may enter volunteerism with extreme insecurity and uneasiness. Preparation for this role is imperative in overcoming these initial feelings and in adjusting to the new activity.

Finally, the influence need has been evidenced by an increasing number of older people turning to political activity as the means to improve their position in this country. Too often, this activity is less than optimally effective because of the limited experience and skills which older people have developed. Instruction and assistance by adult education agencies is needed and appropriate to assist the formation of older people's groups and to facilitate the expression of their desires to elected officials who can provide services or stimulate programs that will be of direct benefit to them. Little of this type of leadership training has been undertaken to date, but the need and desire for it will hopefully lead to expansion in the future.

Because knowledge of the electoral process, the bureaucracy, and the pressure-group system of government is a prerequisite to affective political action, instruction is needed in understanding and working with these processes. In addition, skill in organizing is necessary to provide the local strength to support any political activity. This, too, needs to be provided since experience is often very limited.

These influence needs are of crucial importance to adult educators since an informed and skilled public is necessary for effective operation of the democratic process. This area is one which was heavily stressed by Lawrence Frank in the first chapter of the handbook, Education for Later Maturity.[4] Although recent writers have tended to follow other lines in providing a rationale for education of older people, the arena of citizenship education and participation is one which remains of great urgency today.

In programming, then, there is a definite need for education experiences which are prepared and directed exclusively toward older people. Some adult educators and some older people will object to this type of age-segregated programming, but the alternative of including older people in courses designed primarily for the general public has been an unqualified failure. An alternate approach is needed, and the experience of a number of public schools, colleges, and informal organizations has shown that age-segregated programming can prove very successful.

Psychological Base. The second adjustment that must be met by adult educators is in the psychological bases on which programming is built. Current training of adult educators in the psychology of adult learning tends to overlook or underemphasize the learning ability that people retain into their 60's and 70's. Just as college courses in human development tend to terminate before dealing with adulthood, so courses in adult psychology tend to conclude before confronting old age. This instructional inadequacy has been a factor in limiting the insight of adult program planners.

Too many persons continue to believe that psychological development ends in young adulthood, that persons past their "prime" are not able to change their behavior or to learn new material. This is clearly not the case as Chapter I points out. But this information needs to be transmitted to adult educators in order that they see the potential for growth in this clientele group. Society generally accepts the myth that increased age correlates positively with increased rigidity, inflexibility, and mental decline. There are some older people who are rigid, but there are many others who have kept their flexibility and can benefit from learning experiences.

The concept of the teachable moment is especially appropriate in this context. Since education per se is not a high priority item for older people, we must look to the developmental stages that are being experienced and identify the adjustments that are forced upon them. These adjustments will identify areas where certain types of new skills and information will be desired. This will be the time when the educational experience suggested in the preceding section will be most likely to succeed.

A second psychological area which should be emphasized to adult educators is that of the group process involved in the instruction. Hixson emphasizes the need for a non-threatening educational setting.[6] It is necessary, however, to go even beyond this level of psychological safety and consciously attempt to build a supportive instructional environment, one which conveys in concrete terms that the individual is foremost and content secondary. When this type of setting is achieved, the involvement of older persons may be expected to be at its peak.

This supportive setting appears to be most likely to develop when the clientele of the educational experience are segregated by age. Even though age-integrated instruction has much to recommend it, in general, it is viewed as more threatening, more competitive, and less supportive by older persons. Consequently, at least some understanding of the value of age-segregated programming is needed by adult educators.

Expansion of the adult educator's view of the psychology of older learners should also include the physical conditions under which older people learn best. Lighting, size of print, loudness of speakers, audio interference, the type of furniture, and the approach of the instructor are all variables which will need to be carefully considered in programming for older persons.

It is apparent, then, that gerontology has presented adult educators with a second role, one in which the preparation of degreed people in the field and the development of programming must include an understanding of the psychological position of older people. Unless this role is successfully carried out, there can be little anticipation of adult education meeting its responsibility to older people.

Alternative Financing. Financial support for the vast majority of adult and continuing education programming comes from client fees. Although the administrative overhead may be borne by the sponsoring institution, operational costs typically must be covered by course income.

This financial arrangement is very difficult to implement in programming for older people who often are unwilling or unable to pay ten to twenty-five dollars for a course consisting of five to twenty-five hours of instruction. Because the median family income of the older group is so low, purchase of non-essential products and services is generally avoided; education is too often viewed as non-essential. Consequently, non-credit programming simply does not enroll many older people because of the costs involved. It is obvious that some older people have done very well financially and can afford to participate in whatever education they desire. However, regular fee schedules will limit attendance to this minority of the older population.

An alternative approach to funding programs for older people will be required if the majority of the older population is to participate. This will need to be, at the least, a combination of fees and other sources of funds. Federal dollars present one alternative. At the present time these are generally very limited, with Title III of the Older Americans Act and Title I of the Higher Education Act being those sources most often used.

However, the continually expanding discussions on the necessity for life-long learning may hasten the implementation of some type of voucher or educational credit system whereby adults are provided the equivalent of cash to buy the education they desire from any available agency. Tax credits, tax reductions, or released time from work are other possibilities which governmental units may promote in the not too distant future.

Other alternatives include the use of private funds. Groups such as the American Association of Retired Persons--National Retired Teachers Association have developed programs in many parts of the country and appear willing to work cooperatively with public and private agencies in developing education and especially preretirement education for older persons.

Local communities may also be developing a willingness to invest some monies in this kind of program. In addition, colleges, especially community colleges, appear more willing to provide some funds also. Many opportunities are available to them as is pointed out in a recent Michigan publication.[13]

Another source of potentially extensive funding is from business and industry. Retraining and job upgrading programs have long been a part of industry's activities and more recently, preretirement education has gained increased support. Some companies offer their own classes or counseling while others contract with local educational agencies. The future, however, may hold greatly increased participation with business and industry supporting preretiree and retiree clubs, programs, and hobbies. Groups such as the Telephone Pioneers may soon be receiving significant financial input from the employer.

Whatever the source, some financial assistance is needed. This is not to suggest that most older people will not be willing and able to pay a small fee for an educational experience. They will be and often desire to pay something, but the fee must usually be minimal--under five dollars if the average older person is to take part. If this adjustment in funding can be made, a significant obstacle to programming for older people will have been overcome.

Expanded Recruiting. The older population, like other low-participant groups, will need a great deal of encouragement to enter the adult education area. It will require more recruiting on the part of the adult educator, more outreach, and a developed system of personal contact with groups of older persons.

It will probably never be sufficient to announce educational offerings for older people in the local newspaper and expect an extensive response. Too many older people do not act on information presented in such a manner. It will be necessary to meet with groups of older people, to involve them in planning the experiences, to develop a group of voluntary recruiters, and to utilize the existing communication networks in the aging community if the information is to really reach the right people.

These communication networks vary markedly from one community to the next, but often include a number of senior citizen centers which operate one or more days per week; clubs which meet in churches or homes; agencies such as Family Services, Red Cross, Visiting Nurse Association; institutions like nursing homes, hospitals, and homes for the aging; and governmental organizations like Departments of Housing, Health, Mental Health, Social Services, Social Security, Education, and Human Resources. Contacts with these groups lead to increased awareness of activities and needs of the aged and mechanisms for coordination.

The problem of recruiting older people is no more difficult than it has been in recruiting other groups which have traditionally been non-participants--the undereducated, minorities, etc. Additional time and energy are required; adjustments in program locations, fees, and hours are necessary; but if the additional effort is expended, the rewards in terms of community relationships, individual good will, public relations, and repeat business will be well worth the effort.

Philosophical Stance. The final adjustment which adult educators will need to make is in the philosophical stance of the agency and the adult educator. The needed change is in the perception of the agency staff. They must begin to view people in later maturity as having the ability to grow and develop, as being appropriate to include in adult education activities, as being desired clientele. Then, adult educators must begin to program in accordance with this perception.

In the final analysis, the greatest educational barrier that older people must overcome lies in the minds of adult educators. It consists of the stereotypes, folk-wisdom, and ignorance which labels senior citizens as unworthy clients for the field of adult education. Until this prejudicial attitude is revised, it will be unlikely that real change in the participation rates of older people will occur.

A basic philosophical change must be attained that will include an awareness of the needs and interests of the older group, an appreciation of their diversity, a belief in their potential, and a commitment to work cooperatively with them in order to overcome their problems and facilitate their growth.

These changes will not occur easily, but steps are now being initiated to facilitate such adjustment. Workshops for adult educators which provide an understanding of the role and condition of older people are becoming more common; groups of older people are turning to adult education agencies for programming assistance; and books such as this one are becoming more readily available. In the final analysis, however, if adult educators wait for older people to demand educational services, they may be slow in coming. On the other hand, if adult educators will take the lead as societal change agents, the milieu is now ready, and rapid development of education for this neglected segment of society can be rapidly implemented.

Conclusion. The role of gerontology in adult education is to bring to light a neglected clientele group which should be served, to point out the need for expanding educational understanding of the abilities of older people, to identify the financial and recruiting realities in implementing such programming, and to identify the need for an adjustment in the attitudes of the adult education programmers which will allow all of this to occur.

Gerontology is pointing to the potential of education to meet numerous growth and maintenance needs of the older population. Education for older people has been sorely neglected in the past. It must not be so in the future.

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CHAPTER 3

POLITICAL IMPLICATIONS OF EDUCATION FOR AGING

Wilbur J. Cohen

Introduction

We are now standing at the threshold of important changes in social policy in our nation. In 1976, we will choose a new Administration in Washington to make decisions for the four years, 1977-80; we also will celebrate that year the 200th anniversary of our Declaration of Independence from England.

In these 200 years of independence, the men and women of this republic have built a vast and complex economy, with over 200 million people, and a gross national product of $1,300 billion a year. It is also a dynamic economy, with a population increase of nearly two million people each year and an increase in the gross national product averaging over four per cent annually.

Our achievements are many: We have the highest per capita income in the world. We have made momentous discoveries in science, technology, and space. And, despite conventional comments to the contrary, we pay taxes that are below those of many other countries. We have reduced the extent of poverty, and our educational attainment exceeds that of any other country. These are achievements of which we are justly proud. In sharp contrast, however, is our handling of the problems of the aged, the sick, and the poor. In this area we fall far short of what other countries that are less affluent and less-well educated are doing for their citizens.

We fall short in the solution of other problems as well. Even with our high incomes and universal education, we kill some 56,000 of our fellow citizens each year in the carnage on the highways--and we lose at least 25,000 of our loved ones annually from lung cancer caused primarily by smoking cigarettes. A large part of the weekend increase of emergency hospital care is caused by overuse of alcohol, which is also involved in about one-third of all auto accidents and is a serious factor in crime, family and marital discord, and in the mounting cost of both law enforcement and welfare.

Although most of these problems are not new, it is clear to many persons who have studied them intensively that they need not be accepted as permanent and that, indeed, they can be alleviated. Thus, in the stalwart tradition of the pioneers who settled this country and of the authors of the Declaration of Independence, we must now reexamine our social policies and see where we might change and improve them.

This reexamination involves, first, selecting from among our institutions those we wish to conserve and those we wish to change. My exploration of conservation and change begins with the Social Security program, since this program affects so many people and contributes so much to family life and to the preservation of human values.

Social Security Program

The Social Security program is the largest and most effective public program in the United States for the prevention of dependency and poverty; the program keeps some 10 million people out of poverty. If it were to be abolished, the number of persons in poverty would increase by about 40 per cent--from 25 million to 35 million persons.

The Social Security program provides other important services in addition to preventing dependency and poverty. It also gives individuals greater freedom of choice when they meet with certain misfortunes; it enables them to make long-range plans; and it helps employers, the economy, and the Congress to allocate resources to meet human needs in a compassionate yet orderly, responsible, and effective manner.

Much more than a retirement program, Social Security is the largest life insurance program, the largest disability insurance program, the largest health insurance program, as well as the largest retirement program in the nation. The face value of the life insurance in force under the program is approximately equal to all of the private life insurance now in force in the nation.

Currently, only about one-half of all contributions paid under the program are for cash-retirement benefits; and about 30 per cent of the cost of cash benefits is for survivor's and disability insurance benefits.

Poverty caused by the death of the breadwinner in the family has now been virtually eliminated in the United States. Whereas this was a major cause of poverty some 50 to 75 years ago, it is no longer. The Social Security program helped to achieve this result.

The program is a form of social insurance; however, it is different from private insurance. But it is a form of insurance because there is a pooling of the risk and premiums are made in advance into a fund from which specific benefits are paid. The program is, in fact, a form of group insurance which provides a high degree of protection at a relatively low cost. In private insurance the conditions are specified in the policy, which is a contract; in social insurance the conditions are specified in the law. The right to social security benefits is legally enforceable in the courts, as are the contractual provisions of private insurance.

The cash benefits paid under the Social Security program take into account both individual equity and social adequacy. The marriage, or balancing, of these two conflicting factors reflects the brilliance which the Congress incorporated into the program. If one factor had been given weight to the total exclusion of the other, it would undoubtedly have necessitated a basic structural change in the financing and benefits of the program and the program's acceptance by the American people. If the individual equity factor had been carried to its logical extreme, social security would have become a savings-bank program, returning the individual's contributions with interest minus administrative costs. If social adequacy had been carried to its logical end, the amount paid to every person would have been equal to the poverty-level payment or to some other minimum-payment level.

Over the past thirty-eight years, the Congress has consistently made every reasonable effort to finance the Social Security program on a sound, long-range basis. The long-range financial schedule stated in the law gives as realistic an assurance as is possible in this uncertain world. Moreover, the law requires public disclosure of the financial operations of the program--past, present, and future.

Since 1965, the program has been significantly improved as a result of the 1972 and 1973 amendments to the program. Social Security is now operated on a "dynamic" basis, that is, it is related to changes in wages and in the cost of living. In this respect it is superior to many fixed contractual, private retirement programs in that it provides its beneficiaries a greater degree of protection in the future.

However, the dynamic character of the program should be further improved and extended as additional revenues become available from increases in productivity and earnings. It is not sufficient to increase social security benefits to retired individuals only in relation to cost of living increases; benefits should also be related to increases in earnings. A special study should be undertaken of social security systems in those countries where benefits are automatically related to changes in earnings in the economy, and recommendations should be made to adapt within our system the best features of these other systems.

The administrative costs of the Social Security system are very low; it is an efficiently administered system. The figures for fiscal year 1973 reveal administrative costs as a percentage of contributions, as follows:

Old Age & Survivors' Insurance	1.7%
Disability Insurance	4.5%
Medicare - Part A	2.5%
Medicare - Part B	8.6%
Old Age Survivors' & Dependents' Health Insurance	2.5%

Changes in Social Security and Medicare. The Social Security cash benefit and Medicare programs are also basically sound and have been administered in an efficient manner. To maintain this record of soundness and efficiency, they should remain nonpolitical and be subject to independent review every fifth year with respect to both contributions and benefits and to administration by an independent advisory council of distinguished individuals.

The Social Security and Medicare programs clearly enjoy a high degree of support from the general public, organized labor, the Congress, and other groups. Although dissatisfaction and criticism are rather widespread with respect to many of our established institutions, they do not generally extend to Social Security and Medicare. There are, of course, bona fide criticisms of the present programs, but, on the whole, criticisms by any substantial sector of the nation do not go to the heart of the programs. Some economists have criticized the financing of Social Security and Medicare programs, but their views are not widely shared by the beneficiaries or the taxpayers. Although these criticisms should certainly be considered, it would be unwise to make basic structural changes in a system which has been so successful and widely accepted unless there is very clear evidence of the wisdom of such changes.

Both the Social Security and Medicare programs have been accepted by the American people in large part because

(1) they are universal programs which provide for eligibility to benefits as a matter of statutory right and with a minimum of administrative discretion;

(2) they cover the rich and the poor as well as the middle income, irrespective of race, color, creed, or sex; and

(3) they are national programs, not dependent on state or local discretion, with Congress acting as their board of directors.

Regardless of political affiliation Congress has shown a high degree of responsibility in carrying out its function as the board of directors of the programs.

A key aspect of the Social Security and Medicare system has been the incremental improvement in it, which has permitted changes to be successfully initiated after careful planning, widespread acceptance by individuals affected, participatory involvement of groups with special concerns, and gradual adaptation of the costs into the economy.

If consideration is to be given to any administrative changes in the Social Security program as it increases in size, scope, and complexity, then one possibility to be considered would be the reestablishment of something like the original Social Security Board to administer the entire program. This board should consist of three persons nominated by the

President, with the advice and consent of the Senate, for six-year rotational terms and not more than two members from any one political party.

Further improvements should be made, however, in the benefits of Social Security. Among the improved benefits should be these:

(1) additional "drop-out" years of low or no earnings in order to increase the average earnings on which benefits are based, with a view to having benefits eventually based on the best five or ten years of earnings;

(2) an increase in the maximum earnings for contributions and benefits to the amount of $20,000 a year, at present-day wage levels;

(3) payment of disability benefits commencing with the third month of disability to individuals age 55 or over who are unable to engage in their customary occupations.

The retirement-test provision in the Social Security law has been criticized and amended more frequently than almost any other. There are good reasons, however, for moving slowly on any further changes in this provision. The law was again amended this year to increase the allowable limit from $2,100 a year to $2,400 for next year. This increase results in a favorable situation where, for instance, a retired couple can draw $5,000 a year in tax-free Social Security benefits, earn $2,400 from employment, and receive some income from investments and private retirement without paying any, or very little, federal income tax. If any further consideration is to be given to liberalization of the retirement test, then an increase in the 1 per cent increment to 2 per cent, after age 65, should be given priority.

The repeal of the retirement test would involve an undesirable use of several billion dollars worth of funds which are more urgently needed for these high-priority needs. Only the small number of individuals who work full time at high earnings would benefit from its repeal, and there would be no improvement in benefits for the millions who cannot work; repeal would benefit about 10 per cent of the aged at the expense of the other 90 per cent.

Special consideration should be given to assuring equal treatment for women and men in the program. For example, women who perform household and family duties should be able to contribute to the insurance program based on an amount equivalent to the self-employment rate on the average earnings of all women working four quarters in the latest prior year. Women would then receive benefits in their own right, and married women would always receive at least one-half as much as their husbands.

General revenues are already approaching one-third of the overall Social Security system. In the calendar year 1972, total outlays for the OASDI, Medicare, and Public Assistance programs were $70.7 billion, and general revenues (federal and state) were 29 per cent of the total. This total was divided as follows:

	billions (in dollars)	Per cent
Employer contributions	25.5	36.1
Employee contributions	24.6	34.8
General revenues*	20.6	29.1
	$70.7	100.0

*Public assistance, payments to uninsured individuals, and contributions toward Part B of Medicare.

The outlays for 1974 will be substantially larger overall and for each of the three sources of contributions. As the components of the Social Security system are modified, however, we should consider reallocating the general-revenue portion in a more satisfactory way than it is presently allocated.

Although there is merit to the idea of reducing the impact of the payroll tax, such action should not be taken without full consideration by the Congress of its impact on present and future programs, including national health insurance. National health insurance will require additional funds from employers and employees and from general revenues.

A basic change in the financing of the Social Security system might increase the possibility that a future Administration or Congress would change the program to include an income and/or assets test. The strong public support for the Social Security system indicates that most individuals want to have their benefits come to them without any investigation which they associate with the "welfare" system. We now have in operation a delicate mechanism which works well and pays benefits to 30 million people every month, and we must not tinker with it in a way that may destroy its psychological and political acceptance.

However, the basis of financing the Social Security program should be modified so as to reduce the burden on low-income earners and to make the financial incidence of the contributions less regressive. The proposal advocated by Senator Russell Long (which passed the Senate in 1972) to refund to low-income individuals 10 per cent of their earnings--roughly the combined Social Security contributions--warrants support.

In addition, a federal contribution from general revenues should be considered for meeting the cost of benefits paid to those individuals with less than 40 years of contributions not covered by the combined employer-employee contributions. For instance, if an individual received a Social Security benefit of $250 a month based on 20 years of contributions and if the contributions produced a benefit of only $150, then the $100 difference would be paid out of general revenues.

The maximum earnings base for contributions and benefits should be increased so that the coverage of the employee is approximately the same as it was when the Congress adopted the $3,000 limit in 1939. For 1975, a maximum base of $20,000 should be established for the employee contribution; the base should be completely eliminated for the employer contribution.

With regard to the Medicare program, an immediate step should be taken to include high-cost, continuing prescription drugs in the program and to provide hearing aids and glasses with an appropriate cosharing of costs between the patient and the program. Likewise, Part A and B of Medicare should be combined so as to relieve the aged person of contributions to Part B after his retirement.

The Secretary of Health, Education, and Welfare should be authorized by law to establish a local, regional, or state fee schedule for some or all procedures where such a schedule would be deemed necessary or desirable to the effective operation of the program. The Secretary would also be required to hold a public hearing on the proposal in the area covered by such a schedule.

Many allegations have been made about the increase in incomes of physicians under the Medicare and Medicaid programs. There have, of course, been individual cases of fraud and abuse which should be stopped; clearly, there should be continued monitoring of the fees and costs and any irregularities rectified. But, on the whole, there is no evidence so far that physicians as a group have reaped rewards out of line with either the increased cost of living or with earnings in other areas or that they have suffered any injustice under the program in terms of their incomes. A sound program of health insurance necessitates that all providers of care receive reasonably adequate compensation commensurate with their education, skill, experience, and responsibility. Major attention should be paid to changes in the health delivery system rather than to the amount of income received by practitioners.

It is understandable that the matter of fees for various medical services has become a key issue. However, this focus places emphasis and priority at the wrong place in the medical-care-system scale because it emphasized prices, income, and costs and not supply, demand, efficiency, and effectiveness of the health-delivery system. We therefore need to change the character of the public dialogue on the costs of medical care.

The recent action of the Congress in establishing Professional Standards Review Organizations for Medicare and Medicaid (PSRO) is a sound one. Professional responsibility for professional judgments should certainly be encouraged. In addition, the Congress should seek to develop other measures to assure consumer advice in the medical program, such as local councils, consisting of both practitioners and consumers, to monitor the health and medical care programs.

National Health Insurance

Proposed Changes.

1. A national health insurance plan covering all persons in the nation should be adopted on an incremental basis to become effective over a period of about five years in order that administrative implementation be effective, efficient, and appropriate to conditions throughout the nation.

2. Basic medical benefits should be supplied to low-income individuals through the Medicare program. The cost of these benefits should be met by

the federal government, thus relieving the states of part of the present costs of Medicaid.

3. Major medical benefits should be added to the Medicare program to provide hospital coverage after 30 days and provide physicians and related services after an initial cost of $1,000. The legislation should also provide that after two years the amounts would be reduced to 15 days and $500, and after two additional years these amounts would be repealed so as to assure full coverage.

The proposal by the Brookings Institution to relate the deductible amount to the family income of the sick individual should not be adopted. This is a retrogressive step which injects an income test into eligibility for benefits. Such an income test could lead to an assets or resource test and thus transform the insurance protection into a welfare benefit, a highly undesirable change. Moreover, relating the deductible to family income would create many difficult policy questions which would confuse individuals with low educational attainment and cause unnecessary and undesirable paper work.

4. Another desirable change would be to add prenatal and postnatal medical service to the Medicare program. This service would include medical benefits for the child during the first year of life, including all remedial medical benefits necessary to assist in the correction of any defects prior to the time the child entered school.

5. Each working woman should receive a cash maternity benefit equal to ten weeks' salary for each of three births. This amount should enable the mother to make such arrangements for prenatal and postnatal care as she thinks appropriate and to adjust her work schedule to her needs.

6. Family-planning services should be expanded so that every family has access to all available birth-control information and devices. Information on nutrition, spacing of children, and developmental physiology and psychology of children should also be available to all parents.

7. Health education programs in elementary and secondary schools should be expanded and community colleges should prepare more teachers of health education to meet the increased need. A widespread network of health education information is clearly essential to an efficient health and medical care system.

8. Both federal and state legislation should encourage the establishment and expansion of health maintenance organizations (HMOs). Such group prepayment plans can usually deliver high-quality medical services at less cost than can solo practice on a fee-for-service basis.

The Supplementary Security Income Program

The establishment of the Supplementary Security Income program in the 1972 amendments was an important and historic step in the right direction. This completely federally financed and administered program should be further improved so that income poverty will be abolished for all the aged, blind, and disabled persons in the nation. The changes recently enacted by the Congress in the 1973 legislation were sound. The Supplemental Security Income program should also be amended by reducing the age from 65 to 62; in two additional years to age 60; and in two more additional years to age 55.

With the adoption of these proposed changes, the number of persons in poverty in the United States should be reduced from about 25 million to between 15 and 20 million persons. A program of public service employment--a guaranteed-job program--could reduce this total to less than 15 million persons by 1976. The number of persons in poverty would then be less than 7.5 per cent of the population. If additional measures were taken by the Congress, it would be possible by 1980-85 to virtually eliminate poverty in the United States. These measures are outlined in my statement, "Toward the Elimination of Poverty," which appeared in Current History, June 1973.

Private Retirement Plans

The Social Security and private retirement systems are not a burden on the national economy. They are, in fact, a key element in a free, competitive, and dynamic economy and in a compassionate society. These systems provide a major incentive to the saving required for the investment that makes it possible for our economic system to grow, expand, and innovate and for the stabilizing of consumer income so that the economic system can consume the products and services it produces.

Private pension plans should not only be continued, they should also be strengthened; they are a useful and important supplement to social security.

However, they can never be the basic plan for all employees in the entire nation unless the Congress were (a) to compel every employer to provide some specific socially adequate level of protection and then (b) to repeal the social security program. Such an approach is not realistic.

The Congress, however, should establish minimum requirements for private pension plans which would include some substantial vesting of benefits after five years of service; minimum funding standards; portability reinsurance; fiduciary responsibility requirements; and complete public disclosure of investments, liabilities, expenditures, and actuarial calculations.

Each employer covered under the federal wage and hour law or under the federal unemployment insurance contributions act who does not have a qualified retirement plan should be required by law to contribute $1,000 a year for each employee toward that employee's personal, qualified retirement plan. This contribution would amount to $20 additional a week, or about 50 cents an hour, and would be tax deductible by the employer. The employee should match this amount from his own contributions, which would also be tax deductible.

Welfare Policies

It does not now appear that we can attain the objective of one, single, comprehensive security-income program in the near future to cover all needy persons, including families with children and the working poor. The issues involved in relating work incentives, employment, and welfare payments are very complex and controversial. Consequently, the Congress should establish a nonpartisan commission to review the various proposals and experience, with particular reference to the congressional debate on the welfare-reform proposal recommended by President Nixon, and to present to the Congress in 1977, proposals which, if adopted, would abolish poverty in the United States by 1982.

The $2.5 billion limit on federal expenditures for social services, established by Congress in 1972, should be reexamined with a view to establishing a higher and more appropriate limit in the light of the tremendous unmet needs for social services. Special consideration should be given to expanding social services for the aged, for preschoolers, for the mentally retarded, and for family planning purposes. A cost-of-living increase in the federal limit should also be considered.

Retirement Policies

There is every reason to believe that the productive genius of this nation will continue to lead to increases in the real income of our people. The increased income must be shared in some appropriate and acceptable way by all those who helped make the increase possible. One way to assure that the aged, the sick and disabled, and widows and orphans share in the increased affluence is through a social security system.

One of the important and perplexing problems involved in retirement policy concerns retirement age: Should there be any "normal" retirement age in Social Security? Should the present "normal" retirement age of 65 be lowered, increased, or retained? Should there be several ages at which individuals are eligible for benefits?

The original idea of a single, normal retirement age of 65, embodied in the 1935 law, has now been changed by the Congress to a variable or flexible retirement age. But if a person is unable to work due to disability, he or she may retire at any age and draw full benefits at age 50.

Although full benefits normally begin at age 65, individuals may draw an actuarially reduced benefit at age 62. In addition, an individual may receive an increased benefit if he or she retires after age 65. At age 72, an individual may draw full benefits and full wages.

There are, therefore, already in operation several options and choices for the individual, but many people are not aware of them. The Older Americans Act should thus be amended to provide retirement counseling to persons, beginning at age 50, so that they can intelligently plan their retirement and so that we can dispel the idea of a single retirement age. Because individuals differ in health, occupation, strength, attitudes, interests, and experiences, they should be free to choose that combination of benefits and circumstances which best suits them. That is meaningful freedom of choice.

The idea of "complete retirement" at a given age is becoming more and more unacceptable. Instead, two related developments are occurring with greater frequency; "phased retirement" and "work and retirement."

The work-and-retirement approach can best be explained by utilizing a possible example from University employment: At age 62 a faculty member might "retire" and draw one-half of his private retirement benefit and teach one-half of the year. He could then elect whether to draw the actuarially reduced Social Security benefit for that part of the year when not working or to defer the benefit to age 65.

At age 65, such an individual might draw two-thirds of his private retirement benefit and teach that proportion of the year which entitled him to draw part or all of his normal Social Security benefit, say one-third of a full-time load. At age 67, he or she could draw the full private retirement benefit and the full social security, increased by 2 per cent if the benefit were delayed until age 67. The individual could choose to work until age 72 and then draw the full social security benefit increased by 7 per cent.

Although such flexibility and options might not be immediately suitable for manufacturing or assembly-line workers, they may prove suitable for the increasing number of professional, service, and other workers in our economy. Employers and unions should be encouraged to consider the work-and-retirement approach, and a careful evaluation should be made of the experiments and experiences in its use.

The retirement deduction in the federal income tax should be changed to a retirement tax credit, which would be more favorable to low- and middle-income individuals. The change could be made at no net cost to the federal treasury.

Federal-State-Local Relationships

A strong and flexible federal-state partnership is vital to the effective implementation of health, education, and welfare policies. Under the public assistance, maternal and child health, and social service provisions of the Social Security Act, however, federal-state relationships have greatly deteriorated in the past four years. A complete reexamination of this important relationship should therefore be undertaken with a view to making changes in the federal law and in federal administrative and organizational procedures in order to improve these relationships.

When its five-year duration ends, consideration should be given to termination or modification of the General Revenue Sharing law, which provides for distribution of federal funds to the states. The $30 billion authorized under that law should be devoted to higher-priority needs of the aged, the disadvantaged, the minorities, and the women and children in our economy, with a specific determination by the Congress of what these priorities are. Specific needs should be provided by separate legislation. It is not consistent with sound principles of administration to give grants "with no strings attached."

If general revenue sharing is continued, however, a condition for receipt of federal funds to states and localities should be a rebate of property taxes to older persons with low incomes. Such a requirement, of course, could be added to any other appropriate federal grant to the states.

Education

An opportunity should be available for every child between the age of three to five years to participate in early childhood development programs. To provide this opportunity, federal and state funds should be increased for the development of these programs. The programs for children should encourage their creativity and curiosity; emphasize the value of work and education, individual responsibility and self-care; involve the parents; and encourage interest in science, the arts, and books.

Present means of financing education must be reconsidered. Clearly the role of the property tax as a primary financing method should be diminished. The property tax should not bear more than 25 per cent of the cost of education in any state and, by 1980, preferably not more than 10 per cent. Where it is used there should be statewide uniformity of assessment, statewide distribution of income from the tax, and provisions for the minimum financing of education in any school district irrespective of its financial ability.

It is also necessary that states periodically redraw the boundaries of their school districts to reflect changing neighborhoods, income, racial, and industrial conditions. In 1961, there were 31,000 school districts in the United States; by 1971, this number had dropped to 17,000. The objective should be to decrease the number to about 9,000 by 1976, and to about 5,000 by 1980.

Education should eventually become a life-time enterprise for all our citizens. To accomplish this end, schools should truly serve as community centers for all types of educational, social, and community activities and should remain open 18 hours a day, seven days a week. Likewise, adult and continuing education should become as much a part of our educational system as elementary, secondary, or higher education.

Employment Act of 1946

The Employment Act of 1946 should be revised and brought up to date by the Congress. Part of the revision should include the establishment of a guaranteed-job program so that every able-bodied person has work opportunities.

Financing the Costs of Social Welfare

As our gross national product increases, the Congress, our economy, and the entire nation will be faced with the need to make important social policy decisions. For example, I assume that in the future our gross national product will increase at about the same rate as it has in the past and that we will be faced with the decision of how to distribute the increase, with these possibilities to consider:

1. Increase incomes to those who work and to their immediate families;

2. Increase incomes to those who are retired, are disabled, or are widows;

3. Increase educational services to the young as well as to all individuals throughout their life-times;

4. Increase funds for medical research and provide high-quality health and medical services to all the people;

5. Increase payments to reduce or eliminate poverty;

6. Increase payments for the control of environmental pollution;

7. Decrease taxes.

We will probably use some of each of all seven of these possibilities during the coming decade. But we need to make advance plans based on a consideration of the priorities; the Congress should develop a ten-year plan to accomplish this purpose.

If, indeed, we are to have increased income growing out of an increased gross national produce and before we lower the retirement age or reduce the working week too much, we should consider a policy of providing employees a periodic sixteen-week "sabbatical" to be financed by employers as part of their employment policy.

Conclusion

We Americans have a choice of three general approaches to the possibilities of improving our lives within our lifetimes: the optimistic approach, the pessimistic, and the realistic.

The optimistic approach is based upon making the least change in our present institutions and policies and then hoping for the best. This approach results from a false reading of history because institutions and ideas do change, whether we want them to or not. Science and technology are constantly affecting changes in our lives; it is clearly impossible to stand still and preserve all the amenities of our lives without any change.

The pessimistic approach assumes that human nature is base and cannot really change. If change in institutions does occur, according to this approach, it is usually for the worse. There is often some evidence to support this position, but it does not provide a sound basis for the implementation of social policy nor has it been accepted in actual practice.

In my lifetime, many changes have occurred: the work week has been reduced from over 60 hours to 40; poverty has been reduced; discrimination has been reduced; the status of the aged has improved; infant mortality has declined; life expectancy has increased; child labor has been abolished; education has become available to more; women's rights have become more equal to men's; home ownership has increased; burdensome work in factories and in the home have been reduced; there is less illiteracy; and countless more profound changes.

We have made these changes, however, and we have learned that we can do more.

A realistic approach to improving our conditions is based, in my opinion, upon the following assumptions:

(a) Improvement in education helps to raise the standard of living and the quality of life.

(b) Cooperative efforts in meeting universal problems are essential and workable; life insurance, for example, is a cooperative financial effort and so is social security. In Winston Churchill's memorable words, "Social insurance brings the magic of the averages to the rescue of the millions."

(c) Government is a practical, feasible, and acceptable agent for making some major decisions on priorities and allocations of scarce resources. We may fuss at the process, criticize the decisions, and complain at the costs, but it still provides the best way to handle certain kinds of problems.

(d) Use of the taxing power enables us to redistribute income to educate our children; provide income to the aged, blind, disabled, and widows; and provide incentives to save, invest, and consume.

The realistic approach is that which says we can build a better world. We can do better than we have with existing policies, programs, and managerial competence. By 1976, I am sure that we will be doing better, and in the year 2000, we will be doing better still, if we put our minds and energies into the effort.

PART III

THE AGING INDIVIDUAL AND THE CHANGING NATURE OF SOCIETY AND EDUCATION

CHAPTER 4

EDUCATIONAL OPPORTUNITIES FOR THE ELDERLY

Michael G. Kobasky

> This country is experiencing a crisis of under-learning and an opportunity for adults to continue to learn must be provided. This is a public necessity and a public responsibility . . .
>
> R. M. Nixon

The preceding quotation is probably most poignant when it is applied to older adults. This group is perhaps the most neglected, ignored and deceived (especially with campaign promises) segment of American society today. They also are the most forgotten group in the United States as far as educational opportunities are concerned.

"'The 1971 White House Conference on Aging,' and more particularly the 'Section Recommendations On Education' made a more forceful statement in the 'Section Report Preamble' wherein they stated:"

> Education is a basic right for all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and a means of helping them develop their potential as a resource for the betterment of society.

Educational opportunities for Older Adults is a myth. In point of fact, and within the context of our "younger generation" society, to be old is to be un-American! The amazing fact is that there are almost as many older people (over 65 years of age) in the United States--some twenty millions--as there are Blacks. The elderly are the largest minority group in the country today.

Educational opportunities for the older citizens abound in this country if they are determined enough to seek them out. Often the quest for knowledge necessitates a great deal of intensive digging which ofttimes involves frustrating shuttling and shunting to find the programs available. Almost every public or private school, church, industry, union, association of any kind, and institution of higher education offers some program in which older citizens can participate. Even our penal systems provide educational opportunities to all its inmates including the elderly. Unfortunately many of the programs are not directed towards the elderly but simply state that this or that program is being offered. It is noteworthy that most of the program publicity is not channelled into media that is accessible to the elderly.

A typical example of this is a notice in a local newspaper in one of the larger cities of the South.

> Registration is open at the . . . for courses to prepare students for careers as Medical Aides. Enrollment is limited. For information, visit at . . ., or call . . . . Classes begin September 4.

Whether or not this is the announcement as submitted by the institution is unknown, for experience has shown that newspapers often do take editorial license and abbreviate material submitted for publication. The institution submitting the notice has a better reputation than many for offering continuing educational activities. However, it is extremely difficult for the elderly to judge from this course description or announcement the personal benefit they might derive from the program.

Two examples of programs providing educational opportunities for older people are "The Institute of Lifetime Learning," and the "Herman L. Donovan Senior Citizens' Fellowship Program." The first is a national program offered by the "National Retired Teachers Association" (NRTA), and the "American Association of Retired Persons" (AARP).

The NRTA and the AARP have two centers, one located in the Capitol and the other on the West Coast. For those of you who are not familiar with the "Institutes of Lifetime Learning" it may be well to quote a statement of purpose expressed in a NRTA brochure but is equally applicable to the AARP:

> Learning, every teacher knows, does not stop with the end of school--nor should it end with retirement, for now come the years when there is time to explore new fields of interest. NRTA's Institutes of Lifetime Learning, with centers in Washington, D.C., and Long Beach, California, provide answers to this need to explore the wonders of today's expanding world. The Institutes offer courses in languages, current events, government, philosophy, art, literary appreciation, and a variety of skills in which members desire to gain competence. The Institutes sponsor the Every Wednesday Morning Lecture

> Series, featuring eminent speakers from many different fields. There is also a radio series of courses which reach thousands of listeners all over the country, and an advisory service for local communities wishing to establish their own Institutes.
>
> For those who seek their own pace of study, there is the NRTA Home Study Institute, offering courses on subjects of interest which members can complete on a leisurely schedule in their own homes. There are no requirements of eligibility for either the lecture series or the home study courses.

Along with the two centers mentioned there are numerous local chapters of both the NRTA and the AARP around the country. As with most things in life, the localities with the largest numbers of retired people and in the more affluent retirement communities have the more ambitious chapters with the most activities, including education activities.

NRTA offers some of the best opportunities for the elderly educationally. Membership fees for this association are minimal and the advantages maximum.

"The Herman L. Donovan Senior Citizens Fellowship Program," although limited to men and women over 65 years of age, offers these people an opportunity to become students at the University of Kentucky and the community colleges affiliated with it. There is no cost to students if they are accepted for a Donovan Fellowship. There are, however, some programs that are exceptions: home study programs, non-credit courses and extension classes. Unfortunately these exceptions limit the actual educational opportunity. It might be a more viable program if the senior citizens (in this instance those 65 or older) were able to partake of the exceptions. The program is, in effect, restrictive to older citizens ambitious and healthy enough to devote their full time to any educational endeavor.

Many public schools offer programs for adults who are not full-time students. Most of these schools have a director of adult education willing to offer almost any type of educational program provided there are a minimum number of adults willing to enroll and to pay a small fee. Again it becomes incumbent upon the older student to seek out the course he/she desires and then find sufficient enrollees to satisfy the required number of registrants. The director of adult education is usually understaffed and underbudgeted and unable to actively solicit educational programs for the elderly.

There is another problem of priorities. The school superintendent is an employee of a school board which is normally interested in the education of students from Kindergarten through Grade 12, or in some instances junior or community colleges within the public school system. The school board is also limited in the amount of money available to operate the school system. Both the school superintendent and the board are youth oriented; they are primarily interested in educating those who are full-time students in the school system. Therefore priority is given to funding this program.

The adult programs are usually offered if they can be self-supporting. Some programs for adults are federally funded, such as the Basic Adult Education Program. Other programs are funded by the states. Florida has a Minimum Foundation Program wherein courses are funded according to the number of students enrolled. This fund unfortunately is limited and all too often many of the older people are unable to take advantage of the program. Other states utilize similar types of funding.

Institutions of public higher education also offer programs but the patterns are too similar to that of the public school system. Programs are, for the most part, self-supporting. Where colleges and/or universities have state funding for positions the direct costs of the programs offered adults must be recouped. Occasionally these institutions offer some community service programs that are money makers. The "Robin Hood" theory applies frequently in adult education in all its forms.

Private schools, colleges and universities have similar funding problems that public institutions of higher learning have. Some have public spirited donors who give monies to support programs for adults and particularly older adults but these donors are exceedingly rare. Many foundations offer monies for certain kinds of instructional programs but these classes are conducted primarily to train those people who wish to work with the elderly and not for the elderly themselves per se.

The federal government through the Administration on Aging and the Higher Education Act of 1965 unfortunately follows the same approach that foundations do. Most of the money funded through both of these is for training personnel to work with the elderly or for the administration of programs for the elderly. The "'Adult Education Amendments of 1973' which amends Public Law 89-750, Title III, 'states that the Act' may 'Include components for elderly adults . . .'" but in:

> Professional Development
> Item 13: Authorizes the Commissioner to make provision for the professional development of persons engaged, or preparing to engage as personnel in adult education programs (50 per centum of the Federal discretionary fund).

There is also a proposed funding for "Adult Education For Institutionalized Persons" which might or might not include those elderly who are in nursing homes or extended care facilities.

The Higher Education Act of 1965 funding also had restrictions. There was a requirement of matching funds. The federal government provided 75 per cent and the using institution provided 25 per cent of the awarded grant.

Other types of educational opportunities for the elderly are those offered by churches, industry, union and associations. These programs are usually closed or in-house types, that is, for members only. The participant is usually a member of the church, or employed by the industry, a union member or an association member before being able to participate in the educational activity. Also most of the programs are self-serving. The church program normally has a religious connotation.

Industrial educational programs are job oriented except for the pre-retirement programs. The same approach is used by unions or associations--how to be a better union or association member. They offer little in the way of educational opportunities for the elderly although some unions have supported educational programs in their sponsored condominiums.

"The 1971 White House Conference on Aging" will not be of much assistance to the elderly seeking new educational opportunities. The educational committee with its 247 members certainly and diligently sought solutions to the ever expanding problems of providing educational opportunities but as in the past most of the committee's time was spent in seeking solutions to the problems of providing programs to train those personnel who will work with the aging. Another and perhaps more frightening aspect of the conference is that the budget prepared for the "White House Conference . . ." allocated almost the entire budget to hold the conference with practically no monies remaining to implement the findings or recommendations of the conference. The senior citizens have had it again; intriguing promises but no action!

All in all educational opportunities for the elderly are abundant but only for those who are willing to persevere. The prognosis for expanded opportunity lays with the elderly becoming a more cohesive group willing to organize for their rights and to take advantage of their numbers and financial power. It is time for the "Gray Power" minority to assert their rights for what President Nixon said was a public necessity and a public responsibility--". . . an opportunity for adults to continue to learn must be provided."

CHAPTER 5

EDUCATION FOR AGING IN THE ELEMENTARY AND SECONDARY SCHOOL SYSTEM

H. Lee Jacobs

Education for aging in the United States has been poorly conceived, fragmentary, and uncoordinated, with emphasis primarily on assorted needs presumed unique to the second half of life. This apparent educational cul-de-sac is due largely to the fact that educators, including many leaders in the field of aging, have not fully accepted the ramifications of the life-span developmental psychology concept in education, which logically includes education for aging at all age levels, with "old age" per se being considered as only one of the variables of aging.[40,10,5,21,50]

While a considerable number of individual school systems have, in recent years, introduced some emphasis on education for aging below the adult level, no generally recognized pattern for elementary and secondary school systems has yet emerged. The first major attempt in American education to change this situation is to be seen in the three-year pilot project, "Teacher Education Program on Aging," launched at Ball State University, Muncie, Indiana, in 1971, with funding from the Administration on Aging. Although carried on under direction of the Department of Adult and Community Education of that university, a selected number of teachers, elementary through secondary levels, are being trained in background, methods and techniques for incorporating education for aging in their respective school curricula. Concomitant with this training program will be the development and eventual publication of classroom materials on education for aging which, hopefully, will be available for schools generally across the country.[3]

Research on Attitudes

Many studies in recent years have shown that the most auspicious time for beginning a program of education for aging is the unparalleled attitude-forming period of childhood and youth. It has been found that components of these early attitudes eventually constitute values and stereotypes which, having become totally internalized by late childhood, tend to persist throughout life.[37,17,31,32,34,18,19] It is important, therefore, to indicate the background of available literature and classroom experience on which teachers, school administrators, and communities can proceed in the development of concepts and procedures in education for aging. We can best clarify our educational objectives in this area by a consideration of the approach to instructional substance and type of teaching which is needed.

EDUCATION FOR AGING MUST BE INFORMAL AND INNOVATIVE, SINCE IT CUTS ACROSS SUBJECT MATTER, EXPERIENCE, AND YEARS

Education for aging, as we have learned to stress in the area of sex education, must be seen in the perspective of the developmental process, beginning in school with kindergarten and proceeding, with varying emphasis, throughout life.

Elementary and Secondary School Needs and Diversities

At the elementary school level ideas about aging and old age should be taught, experienced, and absorbed, not so much as formal subject matter as constituting a quality, a coloring, a slanting of the daily learning process. This can best be done through songs, stories, films, art, selected pictures, family-school projects, field trips, and consistent analyses of experiences of pupils and teachers. It may also emerge naturally and normally as an element in any subject matter or teaching situation, from show-and-tell with the kindergartner, reading interests in the primary and middle grades, to geography, history, literature, beginning family living and home economics courses, and mathematics in junior high. Adhering to this point of view at the junior high school level, it is important that some emphasis on the matter of education for aging should be made an integral part of the discussion of the developmental concept in relation to physical changes and expanding relationships of these pre-adolescent and early adolescent youth.

At the senior high school level, education for aging may well be more formalized, as in a special unit on aging incorporated in a variety of courses to be listed in a later section of this chapter. As this writer sees it, full courses on aging should be reserved for college and university years, at which time more extensive personal and professional interests are involved.[22,23,24]

What is envisioned in this informal approach, aside from inculcating a more positive conception of aging and old age in the so-called "formative years," is to aid in the establishment of interest in a wider variety of constructive life involvements which will carry over into the later years. Considerable attention has been devoted in recent research to what are called "early life correlates of late life characteristics."[5] This is simply another way of saying that regardless of what we do as individuals the experiences of early and late life are tied together for good or ill. A major purpose, therefore, in urging the inclusion of some emphasis on education for aging in early school experience is to make sure that the rising generation will reach their older years still pursuing things that have been of absorbing interest throughout their earlier years. In this way they will not be overtaken by vegetative existence, and their contribution to society will end only with death.

The Innovative Approach

An excellent example of what is here meant by the informal and innovative approach to education for aging for young children was provided by a student in one of this writer's university courses, "Societal Aspects of Aging." She had previously completed her practice teaching requirement and was anticipating receiving her B.S. degree in education the following June, along with a certificate for teaching at the primary school level. Accordingly she was given an appropriate class assignment, namely, work on plans for developing positive attitudes toward aging in children at the kindergarten level.[46]

In the preparation of her written report this student was asked to do four things:

(1) to look into research done in recent years on attitudes of children toward aging and old age;

(2) to evaluate available story material, pictures and project reports for use with kindergartners;

(3) to develop, on the basis of her findings and her own experience, a typical lesson plan; and

(4) to draw some conclusions as to possibilities and helps needed in education for aging at beginning school level.

As was anticipated this aspiring kindergarten teacher did find some research reports related to her area, but they contained very little consideration of education for aging, as such at the kindergarten level.[51] Likewise she found very few childrens' books which she considered constructive, in the sense that they did not present aging and old age as misfortune and elderly persons as objects of pity. Some of the acceptable-to-excellent story books having to do with aging which were turned up in this investigation, and subsequently listed by other student teachers and professionals, are included in the "Additional Readings Conspectus" at the close of this chapter. They are listed under two broad grade categories: Primary (K-3) and Intermediate (4-6).

The kindergarten teacher's sample lesson plan was prefaced by the statement of three objectives:

(1) contribution to the development of the concept of time in beginning school children;

(2) presentation of a positive image of older people; and

(3) involvement of the children in responses concerning their relationships with older persons in their own families and neighborhoods.

The lesson, as such, approximately twenty minutes in length, was built around a story, Grandma's Holidays, by Doris Adelberg. (See Additional Readings Conspectus.) It was recommended that preceding the reading of the story aloud to the children some questions might be raised about grandmothers--who they are, where they live, what they do, how often grandchildren see them, etc. The story, which is then read to the children, is told through the eyes of a granddaughter who sees her grandmother as an active, warm and understanding person, who has time, energy and love for her every day, but especially on holidays throughout the year. A strong bond of affection exists between the two, due primarily to the fact that they are able to interact and to enjoy many activities together as persons, rather than as representatives of radically different age groups. By progressing through the yearly holidays and their relationship to life the story teaches the concept of time; it also presents an image of the role and worth of the older person which is far superior to that which is reflected in the culture generally.

This story period is concluded with further discussion and a suggestion to the children that they think about their grandmothers and other older people until they come back the next day for the "show and tell" time, when they can talk some more about grandmothers. Then it is suggested that later in the week all may want to work together, as a class, on writing some stories about what they have been thinking about grandmothers.

Perhaps this illustration will suffice to show the type of approach to education for aging which, though informal and largely unstructured, is, with the necessary adjustments at various grade levels, most desirable for children up to junior high age. In junior and senior high, as we have previously indicated and as will be expatiated upon later, various regular courses can be utilized as vehicles for some emphasis on education for aging.

EDUCATION FOR AGING MUST BE KEPT WITHIN A SCIENTIFIC FRAMEWORK TO APPEAL EFFECTIVELY TO TODAY'S CHILDREN AND YOUTH

Today's children and youth are accustomed to "space age" imagery, scientific literature, test tube thinking, and uncensored television closeups on social problems confronting our society, including the continuing predicament of the aged. For this reason, maudlin, condescending, and evasive treatment of the subject of aging and old age can have no constructive meaning for them.

Dealing with Negativism

Despite important advances in the field of aging in recent years, the task of breaking away from the traditional negativism about aging and old age in our culture is still not an easy one. In all known societies, including our own, individuals tend to be "graded" or "placed" according to "behavioral expectations" for each age level, from childhood up through old age. These "assignments" of "appropriate behavior" are made by society and, in turn, accepted by individuals in accordance with their respective "grade status." These social expectations tend to militate against even a limited consideration of differences and are reinforced in many ways--by songs, jokes, popular expressions, slogans, taboos, literary illusions, and devastating innuendoes, such as "old crock," "has-been," "old fogy," "weak-minded," "dirty old man," and "old fool."

Under this pattern of social judgments and cultural assignments, the individual's "rights" and "duties"--in short, his status--becomes more a function of what society "expects" of him than of how he objectively "feels" about the matter. In our society, for example, "youth" is associated with physical and mental vigor, bizarre dress, speed, and beauty; "old age," with decrement of physical and mental powers, unattractiveness, reflection, conservatism, and inflexibility. Younger persons are adjudged to be on the "wild side"--a bit reckless, boisterous, thoughtless, and irresponsible. Older persons, on the other hand, are expected to be reserved, quiet, dependable, and dignified, with little interest in play and the lighter side of things. It is right for youth to marry, but still mostly out of bounds, improper, or perhaps even "immoral" for oldsters. Such a negativistic outlook places "age," as such, in a damagingly wrong perspective. Serious re-examination of the semantic problem involved is mandatory if a more scientific frame of reference for the rising generation is to be achieved.

More Preciseness in Terminology Needed

A closer look at this system of "age grading" and ways in which it may be revised for the good of all should be a crucially important concern of curricula makers. This writer is convinced that closer scrutiny of the terminology used by leaders themselves in the field of aging is the logical point at which to begin on such a project. Frequently one hears a leader remark, "I am working with the aging," when he really means that he is working with "older adults." Likewise, the terms "aging" and "aged" should not be used synonymously since aging, being interpreted as one aspect of change, actually begins with the fertilization of the ovum and "aged" applies only to life's closing years.

Another variation of this subtle and misleading use of words in the area of aging is the apparently consistent practice even on the part of some recognized authorities of using the term "aged" as a one-syllabled rather than a two-syllabled word, as it is in Webster's dictionary. When referring to the elderly, they say "aged," when they really mean "ā́ - ged." Only the latter properly applies to persons of late retirement age alone, while the former may be used in speaking of any age level. A still more damaging misuse of words in this area is the habit of many otherwise knowledgeable persons of equating the terms "aged" and "senile," whereas we now know that senility is not a function of chronological age, as such, but of many things, only one of which may be the cumulative effects of a disease process accentuated by biological aging. For example, medical news sources frequently report cases of progeria (premature aging) in children five to twelve years of age. These young patients show all the signs and symptoms usually associated with the "senile syndrome" widely, but not invariably, observed in persons of advanced old age, such as: kyphosis (distorted posture), loss of hair, thinning and extreme wrinkling of the skin, decline of the central nervous system, involution of the musculature, lymphatic and sex organs, anomalies of the teeth (sharp irregularities, or even absence thereof), plus ischemic heart disease, along with cerebrovascular involvement.[49,50,25]

All of this may appear to some to be "quibbling" over words. However, in our dealings with children and youth it is vital, because words and slogans are conveyors of concepts, stimulators of emotions, and determiners of outlook and conduct, much more certainly in the tender years than in maturity.[52] We need, therefore, to develop more precise definitions of terms and more consistency in their use, along with scientifically based educational content, methods, and procedures, in this emerging new field--the scientific study of aging.[21,23,50,35]

Accelerated Developmental Rates

One of the more significant considerations in this broader educational effort is that the educational system, particularly in this country, may need to make some basic adjustment in order to keep in step with the faster growth and developmental rates of children and youth. This is a factor which can have considerable importance, especially if psychological correlations exist with the trends in increased height and weight over the past century.

For example, the age of menarche in the United States dropped one and one-half years in the 50-year period--1905 to 1955. Similar trends have been indicated in most other western nations. In fact, the overall decline shows a trend of about four months per decade from 1830 to 1960--approximately 4.3 years in the 130 year period.[5]

Coupled with this precosity in physical development among our youth is the vastly increased fund of knowledge possessed by the younger generation today, as compared with that which prevailed among youth of the past. Even children in the eighth and ninth grades know more physics, chemistry, mathematics, and geography than most adults, and the knowledge acquired by the elderly in previous decades is largely obsolete. All of this means that education for aging, if it is to make a positive difference in the lives of the younger generation, must be cast in a scientific frame of reference.[44,45]

First Unit of Study on Aging for High School Youth

To this writer's knowledge, the first attempt at presenting the study of aging in a scientific and academically acceptable manner to high school youth was initiated in North Dakota in 1962. In the summer of that year he was invited to serve as guest lecturer and resource person for the annual North Dakota Homemaking Teachers Conference and Workshop, held at North Dakota State University. Included as one of these lectures was the first draft of a unit of study on aging for high school youth, titled "Youth Looks at Aging." Used in mimeographed form by Home Economics teachers for the first two years, it was published as a monograph by the University of Iowa in 1964, and again in a revised edition in 1969. This unit has now been utilized in some way by approximately 500 high schools and colleges across the United States and Canada.

The purpose of the unit, as stated in the published form, is "to investigate aging in the human area, in relation to its nature, personal implications, human relationship problems involved, and the challenges for life enrichment which it presents."[22] This stresses a positive concept of human aging and places the subject in a scientific frame of reference. Reports which have been received over the past ten years indicate that both teachers and youth like this approach to the subject of aging and old age.

The unit, built around 18 major questions which youth have asked concerning various aspects of aging, is intended as a three or four week learning venture, to be used in connection with such courses as personal and family living, sociology, applied psychology, home economics, and American social problems.

Two important aspects of the study of aging which vitally concern youth are not covered in this unit. The first of these is sexuality in relation to aging. However, two inexpensive booklets, "Sexuality and the Life Cycle" and "Sexual Life in the Later Years," prepared by the Sex Information and Education Council of the United States (SIECUS), might well be utilized under Question 6 in the youth study guide on aging. There the emotional needs and interests of younger and older people are compared.[22,43]

The other aspect of aging has to do with the subject of death, concerning which little has appeared in educational literature until recently. Now many educators are insisting that anything so all-encompassing and potentially disruptive in human experience as death should be given objective and unhurried treatment. This is being referred to as "Death Education" and it is suggested that it should be initiated as a definite aspect of instruction in the earliest years of school experience and subsequently dealt with as a part of the maturing process. It seems clear that in our type of society this is the only way in which a culture-wide improvement in attitudes toward death can take place.[27,28,11,41] At the high school level the subject of life's ending may appropriately be considered under Question 18, Item 10, of the above unit.[22]

EDUCATION FOR AGING MUST BE FAMILY PROBLEM AND/OR INTERGENERATION CENTERED

The destructive stereotypes--negative social values--which many leaders in the field of aging believe to be major hurdles with respect to meaningful living in the later years, have their origin in families and are reinforced by folklore, continuing daily usage, commercial interests, and other subtle forms of opprobrium supplied by the all-enfolding culture.

Prevention and Eradication of Stereotypes

Perhaps the most difficult hurdle to either the prevention or eradication of these stereotypes about aging and the aged is the tendency of social values and norms to become interiorized and personal during the course of early personality development.[33,29,7,8,12] This was dramatized in a newspaper cartoon, picturing a young "hippie" family at the time of the violent "student unrest" of the late 1960's. The longhaired, unkempt man and woman are standing in one corner of their small, bare room, embracing each other as they look down at their baby's crib on the top edge of which junior is standing while scribbling on the wall, "Down wiv..." The hippie mother, with a deeply pleased "flower-girl" smile, says to the hippie father, "Look, darling his first words!"

How true it is that not only violence, but many other undesirable social attitudes begin "in the cradle." If a child lives with acceptance and is taught something of the meaning of his own development in time, he will learn to love, to forge outward linkages of good will and appreciation that span the generations. On the other hand, if his tender years are cast in a family atmosphere of elder rejection and unrelieved misconceptions about aging and the later years, his own advancing years will be impoverished accordingly.

Priority of Culture

It has been well established in anthropological, sociological, and psychological research that culture is prior to "human nature"; that individuals during the so-called "formative years" tend to "absorb" ways of looking at life and its values, much as in the case of the osmotic process whereby plants take in nourishment from the soil. In a culture, such as ours, in which older persons are devalued, and in a very real sense rejected, the negative effect on attitudes and behavior of children and youth can scarcely be overemphasized.[34,35,36,20,6] At least one writer of almost two decades ago, Dr. Maurice Linden (1956), a geriatric psychiatrist, warned that "not only is the vicious circle of stereotypic thinking perpetuated by the sad state of affairs in our culture, but the repudiation of the symbolic representatives of authority, the senior members of our society, may be largely responsible for the growing recalcitrant juvenile behavior in this country."

Many leaders in the field of aging still believe that this is a major reason why any effort at ultimate removal of these stumbling blocks to full self-realization for people as they move into the ranks of the elderly is futile, if it does not begin with the family setting.[20,47]

The Family and the "Generation Gap"

Kastenbaum and Durkee (1964), on the basis of research on the attitudes of both young people and older adults toward aging and old age, came up with the conclusion that the attitudes of the young toward "old" and "oldness" are apt to influence their interactions with persons who are elderly, as well as to shape their own adjustment as they join the ranks of the aged. Because of this unsavory product of the passing years many people, rather early in life, start looking backward. The resultant lack of contemplation of their own old age thus tends to diminish their capacity for empathic identification with persons who are already advanced in years.

Here, indubitably, is the crux of much of our intergenerational problems today--the so-called "generation gap." If we can succeed, through educational effort, to improve the still very much operational poor image of "aging" and "old age"--the how and the meaning of growing up and of growing "old"--much of our "rebellion" of youth will fade, and in its place will come more willing cooperation and constructive action in the area of youth-age.[26,32,42]

Someone has facetiously remarked that the reason why many grandparents get along so well with their grandchildren in our "estranged age" is that these representatives of the two ends of the age spectrum have an enemy in common--"the generation between." While the wisdom of this assertion is open to question, it can certainly be said that bonds of affection and understanding do grow between youth and older adults when they share the same activities. This is why more effort is needed toward creating between the younger and older generations a sense of common goals. Moreover, this means that we should plan now for what intergenerational relationships should be like, for both the present and the future. An important aspect of this preparatory effort might well be what has been called "pre-experiencing old age."[27]

As this writer sees it, this can be done most effectively through two categories of projects: 1) those in the family unit itself, in which children, parents, and grandparents work cooperatively on a common project or enterprise; and 2) community projects which involve the working together and sharing of children, youth, middle aged, and older adults.

An apt illustration of the first project category may be seen in an activity engaged in several summers ago by one of our neighboring families in Iowa City. This young family consisting of the parents and their six children ranging in age from two to fifteen years decided to build a two-car garage, in cooperation with the four grandparents who lived nearby. All members of the three families, including the very youngest, were involved in the planning and actual construction of this building. The men and boys did the carpentering, cement work and painting, while the women and girls provided the meals, snacks, and the necessary encouragement for the "builders." As someone observed at that time, "There is more being built in that undertaking than a garage." In this project, as in many other common activities in which this family has subsequently been involved, it is evident that values of great importance for their current living and future years have been enhanced.

Youth--School--Community

In illustrating the second type of activity--the community project--, involving youth, middle aged and older adults in a reciprocally enriching enterprise in a public school setting, one might refer to any one of a number of programs, which have been reported upon in various issues of the national publication, Aging, and elsewhere.[1(a,b,c),53] Starting in specific local communities, these have proliferated and have gained national attention. Perhaps it will suffice here, however, to comment on only a few of these programs which have become solid adjuncts to the school curriculum in several communities.

The first of these innovations in the education of our youth, which has a very important significance from the standpoint of education for aging in the school systems, is the Project for Academic Motivation (PAM), launched at Winnetka, Illinois, some twelve years ago and eventually including schools in nine adjacent communities. Here is a situation in which much more is being accomplished, through a carefully worked out program of utilizing volunteer services of a large number of adults, than simply the announced objective--"academic motivation for underachieving children and youth"--as important as this is. The reference here is to the obvious building of more positive attitudes toward aging and older adulthood which has been taking place in both the children and the 500 or more adult volunteers (approximately one-third to one-half of whom are older people) as they share their special skills and wisdom in a one-to-one relationship with children and youth who need special attention.[1c,13,14]

Another project, closely related to the PAM program and actually inspired by that project is "TEAM," acronym for the title "Talent, Experience, Ability, and Maturity," started in October, 1965, in one junior high school and later spread to three others in Louisville, Kentucky.[33] Although this project, through the volunteer service of a large number of adults including older people, has been primarily concerned with providing tutoring in more than a dozen subjects, actually, as in the Winnetka situation, it has done much more. Several hundred of both failing and superior students have participated in this program and it is likely that their outlook on life's later years and their relationships with older people will be positively and permanently influenced. And it should be added that one of the most hopeful things that can be said about both PAM and TEAM is that they have been enthusiastically endorsed and welcomed by both administrative personnel and teachers in their respective communities.[13,14,15]

A major educational innovation which should be mentioned in this connection is the "Adopt a Grandparent" program. Originating several years ago as part of a Jewish youth movement, it has been spreading across the country during the past several years and increasingly moving into the educational system.[1a] For example, in 1968 several hundred juniors and seniors in eight Catholic high schools, one in Hartford, Connecticut, and seven in the San Francisco, California, area were participating in this program, which at that time was being aided by grants from their respective state agencies, under Title III of the Older Americans Act of 1965. The plan in each school was simple. The high school students, after brief instruction on aging and the needs of older people, were encouraged to establish a one-to-one relationship with residents in homes for the aged. The students, along with the school administrators, were enthusiastic about the program. The youths involved reported that they had learned how to converse with and to be "more sensitive to the needs of older people." But even more importantly, the director of volunteers in one of the homes remarked: "The students have a feeling of wanting to be helpful to older people, and now it has developed to the point where both grandparent and grandchild are doing much for each other."

Life Situation Approach in Teaching

Another project, with even deeper implications in education for aging, is what might be called the "Living English" teaching technique introduced by a young English teacher in the small mountain community of Rabun Gap, Georgia, in 1966. Assigned to teach ninth and tenth grade English, this teacher soon encountered unruly student disinterest in his traditional lecture-type presentation of subject matter. After a short period of seemingly fruitless struggle to keep his students "in line" he came to the conclusion that a drastic change in his approach was in order. Accordingly he walked into class one day and remarked, "How would you like to throw away the text and start a magazine?" This startling proposal, along with the idea that everyone was to be involved in the venture, met with enthusiastic approval from the students.

The question of content for the publication then arose. While many possibilities were suggested the one that seemed most exciting to class members was that of finding out all they could about the customs and ideas of their parents, grandparents, and other older people living in the area. Reports on their findings were to be made in class sessions, as well as in a publication which they decided to call "Foxfire," after a tiny organism that glows in the dark and frequently is seen in shaded coves of the surrounding mountains. As the weeks passed they began to discover many interesting things about their families and to appreciate the deep significance of the culture in which they had been cradled. Many of them became, for the first time, perceptive of the "wisdom of the old," as reflected in their grandparents and neighbors who have acquired, through long years of trial and error, "intricate tricks of self-sufficiency" in a framework of at-oneness with nature. Moreover, by common agreement, the young and the old, as they moved ever more deeply into conversations and demonstrations of simple folk-culture techniques in every day living, learned much of lasting value from one another.

Not only has the teaching of English in Rabun Gap "come alive" as a vehicle of communication, it has done much to turn the lives of the old and the young around and has caused them to look at one another, perhaps for the first time, as persons and friends, rather than as chiefly representatives of particular age categories. In addition to the fact that the project has become nationally known and praised as a venture in creative teaching, it is specifically noteworthy as an example of one type of education for aging which, with variations and adaptations, might well be emulated in many high schools across the country.[53] It is little wonder, then, that the starkly realistic and fascinating volume, The Foxfire Book, created by Southern Highlands High school students, under the guidance of their English teacher, moved up to the vicinity of best-seller status within a year of its launching.

Collaborative Effort in School Systems

Perhaps the most comprehensive effort toward incorporating the needed emphasis on Education for aging at both the elementary and secondary school levels is now under way in Indiana. There administrative officials and selected teachers in a number of school systems are collaborating in introducing education for aging into the total curricular offerings. The chief impetus and continuing guidance for this movement is being supplied by the "Teacher Education Program on Aging" at Ball State University. The mid-year (1973) progress report on this innovative effort indicates that intergenerational activity of various kinds, with immediate reciprocal benefits, has greatest appeal to both children and youth. Hopefully, upon this foundation will be built more extensive ideas and concepts about the aging process and the worth of people as persons, irrespective of chronological age.[5]

Illustrative of this trend is the innovative work of one elementary teacher in a parochial school at Greensburg, Indiana. She began with the teaching of aging concepts in her own class through the use of a small reference library of stories and audio-visual materials, children's visits to nursing homes, along with the utilization of several grandparent-age volunteers as "helping teachers." Eventually she was able to involve all of the thirteen other teachers of her school in an over-all education for aging project which has reached beyond the confines of the school to the community at large. In addition to her classroom instruction this teacher has been writing a weekly column on various aspects of aging for the local newspaper.[30]

In two other Indiana communities, Muncie and Warsaw, senior high school home economics teachers have found that education for aging fits well into their instruction on clothing, family living, and the life cycle. As regards the latter they report that in their instruction they are giving consideration to the "old age" phase of human development, whereas previously they covered only the earlier years of adulthood. Moreover, as part of this newer approach, they are dealing with crucial issues pertaining to the aging process, including death and dying as an important aspect of "rounding out" the life cycle. In both communities administrative officials have shown close cooperation and commendable interest in broadening the base of education for aging in their respective school systems.[4]

EDUCATION FOR AGING MUST BE ALL-PERVASIVE, WITHOUT BEING DISRUPTIVE OF THE TOTAL CURRICULA OF THE PUBLIC AND/OR PRIVATE SCHOOL SYSTEMS

As most teachers at all school levels who have sought to introduce new courses into their respective curricula can testify, the scrutiny and often apparent downright opposition which they were obliged to face from administrative personnel were never negligible.

Perhaps, for very good and obvious reasons, this attitude on the part of those responsible for balance in and management of a school program acceptable to the constituency, especially tax payers, is understandable. This is doubtless why one is apt to encounter the argument that both elementary and secondary school curricula are already so "crowded" that it is next to impossible, administratively, to add anything as all-pervasive as the education for aging emphasis described in this chapter to existing offerings.

Relevance to What?

We can expect, therefore, that for one reason or another, such as overcrowded curricula, inadequate teacher education in the field, or even the charge of irrelevance of education for aging, so far as academic substance is concerned, progress toward utilizing the various levels of the public and private school systems in developing a positive conception of aging and old age during the early years will be slow. Nevertheless, interest among educators generally in this developing new field of human concern can be expected to grow because of two considerations: 1) the fact of a rapidly aging population over the past half century, coupled with mounting scientific inquiry into the mysteries of the aging process in plant and animal life, including the life of man; and 2) the current hunger of youth for "relevance" in their daily living and future planning, a considerable portion of which they seem to be finding of a reciprocal relationship nature with the older generation.[50,2]

Illustrations from the elementary and secondary school fronts apropos to the application of all-pervasive concept of education for aging which is needed at this time are to be seen in teaching innovations in three Iowa communities--Des Moines, Estherville, and Iowa City. In Des Moines two elementary schools, Moore and Cowles, with community financing not involving regular school tax monies, have been experimenting with a Senior Citizens Teach-in Program. This involves qualified retired people, some paid $2.00 per hour but most serving without pay. They are utilized as special tutors who use their particular skills and professional know-how in after-school sessions to enrich the regular educational experience of grade schoolers, through instructing in such subjects as knitting, crocheting, carpentry, electricity, Spanish, and chess playing. According to the coordinator of the program the results of this experiment have been extremely gratifying, in that the lives of both the children and their grandparent-age tutors have been enriched.[9]

In Estherville a young teacher of sociology in the local high school, having enjoyed many pleasant and lastingly helpful experiences with a variety of older adults in his own neighborhood, came to the conclusion that the whole idea of a "generation gap" between youth and old people was erroneous; that, in fact, it should and could be "turned around," with the young and old becoming "generation gap allies," instead. Accordingly this teacher decided to explore the concept further, with the aid of his sociology students. The response which he received from them prompted him to launch, with their enthusiastic cooperation, what it was agreed to call "Operation Friendship." With the approval of his principal, he offered class credit for the time students spent constructively with senior citizens "learning about the problems of the elderly and, at the same time, providing companionship and assistance." Written reports, which the instructor called "lab reports," were required from the beginning, but students were given the privilege of "grading" themselves on the values derived from their work and the time they spent in various projects, such as visits in nursing homes, doing chores and running errands for the homebound, as well as sharing food and extended conversations with isolated and lonely aged persons. Concludes the sociology teacher, "There have been real benefits to both generations in Operation Friendship. If it has worked in Estherville, I see no reason why it shouldn't work in every part of the state."[16]

In the third community, Iowa City, what might be called education for aging "spin off" from a physical fitness program at a local retirement residence, Oaknoll, has significantly benefitted a sizeable number of high school students. It is known as "TOES," an acronym for The Oaknoll Exercise Society. This group exercise program for the residents was launched some two years ago by two University of Iowa professors from the Department of Physical Education and the College of Education, respectively as a direct service to the elderly and as a training experience in recreational leadership for college youth. However, the initiators of this enthusiastically received project, envisioning wider possibilities, decided to utilize it as a possible motivating factor with several "drop-outs" from a nearby senior high school. Reasoning that even these younger students have many of the same needs, both physical and emotional as senior citizens, they were, with sanction from school authorities, invited to participate in the program and to respond on a one-to-one basis with the older people. The results to date have been very gratifying, as reflected in the fact that several of the "drop-outs" have already returned to school, and a few have expressed an interest in further training for work with older people. The Oaknoll residents have also responded with enthusiasm to the participation of youth in their program.[38]

As was noted in the first of the above illustrations, the older people of the community are rendering an important instructional service to school children; in the other two young people have initiated a continuing and deeply appreciated variety of services to the elderly. In all three instances, however, the benefits derived are reciprocal between the young and the old, and sound education for aging is taking place.

Aging in Perspective

As is being increasingly emphasized, aging, contrary to the prevailing conventional notion, is not confined simply to the second half of life, its problems and opportunities. Realistically considered, aging, along with the sexuality of man, is inextricably intertwined with the one great evolving cellular mystery which we call life.[48,50] Both have personal and social implications that overlap at every stage of the lifelong developmental process, and they should be so treated in the schools. Moreover, chronological age, traditionally central in popular thought about aging, will become less important to persons of all age levels. From the very young to the very old, they will find expression and satisfaction in society according to their respective needs, abilities, and experience. This broader view of education for aging will undoubtedly grow, as educators of our children and youth become more aware of its validity and necessity as an educational requirement.

Conclusion

In this chapter we have been primarily concerned with setting forth some concepts and a framework, accompanied by apt illustrations from the field, which teachers at the various grade levels can utilize in the establishment of content, methods, and procedures in education for aging. The two major hurdles impeding the progress of such a program--lack of formal training for teachers and administrative accommodation--can be surmounted with reasonable effort.

Immediate next steps should include the following:

(1) More in-service training in the field of aging for public and private school teachers, through university workshops and institutes.

(2) Other types of academic credit programs, including an expansion in the number of courses on aging such as are now being offered in several universities. Some of these might well be incorporated in the degree requirements in education, or at least placed on a recommended electives list.

(3) A regular summer session academic credit program, the course machinery for which already exists in a growing number of colleges and universities. For example, at the University of Iowa, between 1962 and 1964, this writer initiated a total of eight hours of graduate level courses: "Biological and Psychological Aspects of Aging" and "Societal Aspects of Aging," each three hours; plus a two-hour seminar, "Selected

Problems in Aging." The first two have provided students with needed background information on aging, and the seminar has supplied the necessary opportunity for tackling specific problems involved in education for aging at various school levels.

(4) Expansion to other states and/or regions of the graduate credit (12 semester hours) offering, "Teacher Education Program on Aging," pioneered by Ball State University.

Most educators and other professional persons, being involved in "people problems," have doubtless felt it necessary at various times to assume the role of innovator. In doing so many have, at some point, shared the outlook of Nicolo Machiavelli, the Italian statesman and writer who, 500 years ago, remarked: "There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things."

Nevertheless, as this writer sees it, further delay and debate over what course of action should be taken in education for aging for the rising generation is unnecessary. What we need to do now is to act on the educational know-how and opportunity which are clearly at hand.

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ADDITIONAL READINGS CONSPECTUS

General

Harbage, Mary. "Lifelong Brush With Magic." *Educational Leadership*, Vol. 24, No. 5, February 1967, pp. 427-435.

A general discussion of the art and joys of reading--throughout life, but the main emphasis is on childhood and youth. The author lists and comments on 28 books of special value for the early years.

Primary Grades - Kindergarten, 1, 2, 3

Adelberg, Doris. *Grandma's Holidays*. New York: The Dial Press, 1963.

A warm, understanding, active relationship between a little girl and her grandmother. The two interact as persons, not merely as representatives of radically different age groups. Enjoying activities together, as do this granddaughter and grandmother, draws children and older people together. The holiday projects teach the concept of time. The image of the older person presented here is excellent. Strongly recommended for kindergarten and first grade.

Aldridge, Josephine H. *A Penny and a Periwinkle*. Berkeley, California: Parnassus Press, 1961.

This is a story about old Sy, who leads the simple life of a fisherman by the sea. He is alone and requires very little out of life to make him happy. This story could be the beginning of a discussion about older people the children know--their occupations, habits, and contributions to others, what the children can do to make their lives happier, etc. Suggested for first and second grades.

Barack, Barbara. Grandpa. New York: Harper and Row, 1967.

A warm, loving, reciprocal relationship between a little girl and her grandparents. Much fun, teasing and affection evidenced. Appropriate for kindergarten and first grade.

Buckley, Helen E. Grandfather and I. New York: Lothrop, Lee and Shepard Company, 1960.

A little boy and his grandfather spend much time together, walking and exploring the world about them. Fine portrayal of creative, personal interaction between older and younger generations, within a framework of well balanced family relations. The image of old age reflected here is excellent. This story is very appropriate for kindergarten and first grade children and should serve as a good catalyst for discussion of relationships between younger and older people.

Buckley, Helen E. Grandmother and I. New York: Lothrop, Lee and Shepard Company, Inc., 1961.

A story about a little girl who, though expressing warm feelings and simple appreciation for other members of the family, feels especially close to her grandmother and accords her a special place in all her thoughts about daily experiences. The vocabulary is simple and does not depict the grandmother as being decrepit and an object of pity. High quality, similar to that of Grandfather and I. Appropriate for kindergarten and first grade children.

Buckley, Helen E. The Little Boy and the Birthdays. New York: Lothrop, Lee and Shepard Company, Inc., 1965.

A little boy wants his family to remember his birthday. His mother suggests that he can help by remembering the other members of the family on their birthdays. They will probably remember his, too. The little boy began by remembering his grandmother's birthday. Soon all the birthdays in the family were remembered. The birthday idea, as here presented, could be the starting point for some discussion of the meaning of the aging process. Recommended for second and third grades.

Copeland, Helen. "Meet Mike Takino." In The Wide Horizons Readers, Book I. Chicago: Scott, Foresman and Company, 1966, pp. 60-69.

A Japanese-American boy, who has no living grandparents, needs substitutes for the big first grade school party honoring grandparents. By his own effort, he succeeds in getting five older people to become his adopted grandparents. They all show up at the party and Mike receives special recognition, along with his adopted grandparents. The story has important implications for aging and would be appropriate for first and second grades.

Davis, Lavinia R. Summer is Fun. Garden City, New York: Doubleday and Company, 1951.

A story about twin boys who spend part of their summer on their grandparents' farm, exploring the farm and surrounding area. Although little emphasis is placed on the grandparents, as such, the story could be a good "starter" for class discussion about the value of grandparents and other older people. Appropriate for second and third grades.

Fassler, Joan. My Grandpa Died Today. New York: Behavioral Publications, Inc., 1971.

The story of a boy named David and his grandfather, reflecting the love and devotion they share. In learning to understand and accept the death of his grandfather, David learns an important lesson about life. Strongly recommended for upper primary grades.

Flora, James. Grandpa's Farm. New York: Harcourt, Brace and World, Inc., 1965.

A charming story about a little boy who is visiting his grandfather. The grandfather tells many colorful stories about his own past experience and weaves in other "tall tales" to the delight of his grandson. The bond formed between grandfather and grandson is strong and reciprocal. This study might well stimulate the boys and girls to tell about stories they have heard from their own grandparents, as well as to write some stories of their own. Appropriate for second and third grades.

Guy, Anne Welsh. By the Sea. Racine, Wisconsin: Whitman Publishing Company, 1966.

This is a story about Stephen and his grandfather who explore the seashore together. The relationship which they share is reciprocal and personal. The reading of this story could supply the basis for a helpful discussion on activities which the children have shared with their own grandparents and other older adults. Highly recommended for second and third grades.

Hart, Jane. Let's Think About Time. New York: Hart Publishing Company, 1965.

The story of time--its meaning in our day-to-day experiences. How to think about it in terms of seconds, minutes, hours, days, seasons, and passage of years. Beautifully illustrated to teach the concept of time, in terms of what can and may happen to each person as he grows up. Goes beyond merely learning to "tell time" by the clock. Affords a splendid base for a child's beginning understanding of the meaning of "aging" and "growing older." Excellent for both kindergarten and first grade.

Klein, Leonore. How Old is Old? Illustrated by Leonard Kessler. A Science Parade Book. New York: Harvey House, Inc., Publishers. Irvington-on-Hudson, 1967.

An appropriately illustrated and simply written little book, which conveys the scientific story of aging in the myriad forms of life, including man, and places each in a comparative time sequence which can be understood and appreciated by children in first and second grades.

Krasilovsky, Phyllis. The Very Little Girl. New York: Doubleday and Company, 1953.

Through this story small children may discover a feeling of empathy for the little girl who was too small, at the beginning, to do many things she wanted very much to do. But she grew and soon found that she was no longer "too small." This story can furnish the basis for discussion on physical growth and aging. Recommended for kindergarten and first grade.

Krasilovsky, Phyllis. The Very Little Boy. New York: Doubleday and Company, 1962.

A simple story of the physical growth of a little boy and of the interesting things he can do as he grows bigger and BIGGER. Relationship between physical growth and aging can be shown through this story. Recommended for kindergarten and first grade.

Krauss, Ruth. The Growing Story. New York: Harper & Row, 1947.

A little boy sees that plants and animals all around him are growing but can't be sure, despite reassurances by his mother, that he is growing, too,--until he gets out his last season's clothing and finds it too small. Another story from which inferences concerning the relationship between growth and aging can be drawn. Recommended for kindergarten and first grade.

Merriam, Eve. Andy All Year Round. New York: Funk & Wagnalls, 1967.

A story emphasizing time, growth, and unfolding of awareness in a little boy. As Andy grows up, all his senses are brought into play, through contact with sand, grass, leaves, snow, etc. Opportunity for showing the relationship between Andy's development, life outreach and aging. Excellent for kindergarten and first grade.

Snyder, Agnes. The Old Man on Our Block. New York: Holt, Rinehart & Winston, Inc., 1964.

This story has to do with an elderly man who enjoys walking and talking with and pointing out things of interest to children in his neighborhood. That this feeling is also shared by the children is reflected in one child's remark to another: "I like that old man, don't you?" The reply was, "And the luckiest thing is--he likes us!" Implied in this story is the idea that older people, despite degree of familial relationship, have much to contribute to the education of children. And children can contribute immeasurably to the happiness of older persons. Strongly recommended for kindergarten and first grade.

Intermediate Grades - 4, 5, 6

Enright, Elizabeth. Gone-Away Lake. New York: Harcourt, Brace and Company, 1957.

This is the exciting book-length story of what happened during one eventful summer in the lives of Foster Blake and his younger sister, Portia. With their parents' consent, they set out on a beautiful day in June for a train ride to a place called Creston, where they expect to spend the summer with their Uncle Jake, Aunt Hilda, and Cousin Julian Jarman. The Blake children, their cousin and some new friends go exploring and soon run across two elderly people, a Mrs. Cheever and Mr. Peyton, her brother, both of whom are considered "peculiar" and "loners" by the other citizens. But the children soon make friends with these old people, who live in a secluded place near a big swamp. With their help they explore further, discover an old, abandoned mansion, full of interesting pictures and other relics of years gone by. The parents of the children buy the old house for a summer home. Mr. Peyton and Mrs. Cheever and the children become fast friends and there is a new lease on life for all. Here is a story which emphasizes the worth and desirability of older people. Excellent for all levels of the intermediate grades.

Estes, Eleanor. The Middle Moffat. New York: Harcourt, Brace and Company, 1942.

Jane Moffat, the heroine of this book-length story, consistently refers to herself as the "middle Moffat." Says she, to all whom she meets, "I'm the middle Moffat, not the oldest, not the oldest son, not the youngest, just the middle." Jane gets this idea from the way in which her mother introduces all her children, except Jane--"this is Sylvia, my oldest child..., Rufus, my youngest." But she has no special designation for Jane--until Jane invents one of her own. Jane makes lots of friends with people on her street, but she especially likes older people, one aged man, in particular, Mr. Buckle, a Civil War Veteran, who is soon to reach the century mark. She likes his always beaming smile, bright blue eyes, white hair, and friendly manner, especially toward her. This means a lot to her since she hears everyone refer to Mr. Buckle as the town's oldest and most honored inhabitant. The oldest inhabitant, Jane, and several other children of the neighborhood become good friends, sharing many common interests, and mutual expressions of appreciation and good will. Jane especially enjoys Mr. Buckle's interest in the books she reads and he often discusses literary matters with her. She likes to play cards with him, too. The big birthday celebration--the 100th for Mr. Buckle--finally arrives, the "oldest inhabitant" is duly honored, but he does not forget Janey. She is asked if she would like to ride home with him. This makes her happy and proud. Presents a commendable image of an elderly person. Recommended for all intermediate grades.

Gardner, Lillian. The Oldest and the Youngest, and the One in the Middle. Eau Claire, Wisconsin: E. M. Hale and Company, 1954.

A story of how Millicent ("Missie"), an only child and the youngest on her street, feeling "left out" much of the time by slightly older children, makes friends with Pete, a neighbor boy who is older than she. With his help, she establishes a club which will include all ages and none is to be left out--the Oldest and Youngest Club. The project catches on with the other children and Missie's problem is solved. This story provides an excellent basis for discussion on the problem of "age discrimination"--at all levels, including old age. Recommended for second through fourth grades.

Lawson, Robert. They Were Strong and Good. New York: The Viking Press, 1940.

A story of three generations and how their lives intertwined in the saga of a developing America--from pioneer days to the present. A first-person, historically based story, reflecting a wholesome, perceptive outlook on intergenerational relationships. Appropriate for third to fourth grades.

Meeks, Esther M. Jeff and Mr. James' Pond. New York: Lothrop, Lee and Shepard Company, Inc., 1962.

This is the story of Jeff, a small boy, who has many friends, some little, some his own age, but also some big friends--Mr. James, for instance, who lives on an adjoining farm and is always happy to see him. Jeff and Mr. James, a man of grandparent age, have long conversations about many things, as they walk around the farm. Mr. James digs a big pond and stocks it with bluegills, and in due time he, Jeff, and Jeff's many friends catch fish from the pond. And all the good friends, including Mr. James, have a big fish fry and enjoy it immensely. This story presents a highly commendable image of intergenerational relationships, quite aside from immediate family ties. Highly recommended for children from first to fourth grade.

PART IV

INFORMAL APPROACHES IN EDUCATION FOR AGING

CHAPTER 6

COMMUNITY PROGRAMS IN EDUCATION FOR AGING

W. Dean Mason

Although many formalized programs whereby adults can continue the learning process have been structured, it has been discovered that much of the continuing education for older adults takes place in informal community groups. Needs, capacities, responses, mobility and motivation do change with the passing of years and community organizations and agencies have responded with educational programs which seek to meet the challenge of the times.

There are many resources available to the older adult for continued learning experiences within the community. New frontiers are opening with new concepts of the aging process, new emphasis on leisure as related to the work ethic, new community structure brought about through rapid social change and a new concept of abundant living at every age. The challenge lies before us to discover the educational needs of the older adults and then to identify with individuals, agencies and organizations where responsive action can be forthcoming. The resources in the local community are almost unlimited. The public and private schools, colleges and universities, libraries, museums, mass media, service clubs, fraternal organizations, the Y.M.C.A. and Y.W.C.A., art institutes and art leagues, literary clubs, and many others, offer open doors whereby the concerned individuals can see that the community is responding to the educational needs of its older citizens. This is not an attempt to distinguish all community programs which are related to the educational needs of older adults. It should be noted that many such programs may have education as a secondary aim with fellowship or other specific needs as the primary goal.

All community agencies with education as a full-time or part-time objective can and should contribute to education for aging. The White House Conference report refers to informal and formal domains in referring to educational agencies. The informal domain includes such organizations as churches, synagogues, labor unions, farm and business organizations, civic associations, libraries, museums, and community centers. In the formal domain is listed private and public schools from the kindergarten through post-graduate and professional education. Radio and television have and do make an impact on education for aging.

Informal educational programs, developed by community agencies and organizations seek to assist the person from middle age and up find self-fulfillment and satisfaction wherein they can function as an integrated whole. Older persons can and should be helped to discover their greatest potential within the physical and social framework of their life. Abstracts of research and documented information give evidence of the development of needed educational programs for older adults. Such programs are directed toward the constructive use of leisure time, retraining the older person for economic and cultural advantage programs to help the jobless adult and the disadvantaged older worker. Educational programs developed to help meet these needs are supported by studies concerning the learning abilities and characteristics of older adults, motivational factors for learning, felt and real educational needs, psychological development through the life span, and the problems associated with learning in the years past forty.

With educational programs which have been developed and sponsored by community organizations it is sometimes difficult to quickly identify the educational goals. These educational goals are sometimes defined as "adding meaning to life" or "adding life to years," which implies that something positive will happen to the individual through participation in the projected program. A very positive aspect of the development of community programs which help meet the educational needs of older adults is the fact that the older persons themselves have been, and are, involved in the process of seeking to discover their real educational needs. This is as it should be, for, although professionals seek to develop emphathetic feelings related to the needs of older adults, too often they misinterpret what is being said or what the real goals and/or desires of the older person might be. The older adult, as a part of the community, should be involved in a sharing process whereby he can help develop the needed educational programs, give leadership in carrying through, and become actively involved as a learner.[1]

Community educational programs for older adults have been developed to assist them, from middle-age on, to find degrees of self-fulfillment and life satisfaction wherein they can function as an integrated whole. The older person will be helped, through such learning experiences, to discover his greatest potential and to function most realistically within the physical and social framework of his life.

It is difficult to determine, with any degree of accuracy, the amount of involvement older persons have in community educational programs. The National Center for Educational Statistics in their report of 1969, estimated that there were 13,150,000 persons or 11.0 per cent of the eligible population engaged in adult education activities that year. This has grown from 7.8 per cent of eligible adults participating in such programs in 1957. At that time 1.6 per cent of the 18,600,000 adults over 65 years of age were participants in some type of adult education programming.

In the 1969 survey it was discovered that 42.2 per cent of the adults over 65 years of age were using community organizations as their instructional source for adult education programs. This was approximately two times higher than the public or private school which showed 21.7 per cent of the adults finding their instructional source there.

The following chart shows the impact community organizations have in helping to meet the educational needs of older adults.[2]

Education as related to the older American was recognized as vital and important at the 1971 White House Conference on Aging. There were two hundred and sixty nine delegates working specifically in this area of concern. These delegates represented the older people themselves, in major ethnic minority groups, professionals in the fields of education and aging and represented all fifty states, Puerto Rico, the Virgin Islands, Guam, and the Pacific Islands.

Dr. Howard Y. McClusky, who served as co-chairman of the Section on Education for the 1971 White House Conference on Aging said in his opening remarks that education is itself essentially an affirmative enterprise. "Education for older persons is based on the assumption that it will lead to something better, in the lives of those participating."[3] The educational programs proceed on the assumption that the older person is capable of a

INSTRUCTIONAL SOURCES UTILIZED FOR ADULT EDUCATION AS
PER CENT OF AGE GROUPS, BY SEX AND RACE:
UNITED STATES, MAY 1969

Instructional sources	Total	Men			Women		
		White	Negro	Other	White	Negro	Other
	PARTICIPANTS AGE 65 AND OVER						
All sources (in thousands)	295	98	8	-	180	8	1
	Per cent 1/ of column totals						
Public or private school	21.7	23.5	50.0	-	20.0	12.5	100.0
College or university part time	5.4	4.1	25.0	-	5.6	12.5	-
Job training	6.1	10.2	-	-	4.4	-	-
Correspondence courses	6.8	11.2	-	-	5.0	-	-
Community organizations	42.4	23.5	50.0	-	51.1	62.5	100.0
Tutor or private instructor	13.2	14.3	-	-	13.3	12.5	-
Other	13.2	20.4	-	-	10.0	12.5	-

1/ Percentages total more than 100.0 due to participation in more than one instructional source of adult education.
Note: Detail may not add to total because of rounding.

constructive response to educational stimulation. Dr. McClusky goes on to suggest that we are living in a society where "learning" has become an essential condition for participating and advancing in the world about us and is equally mandatory for personal development. We are therefore called upon to develop educational programs where all persons, regardless of age, will be able to take part in learning experiences throughout the length of their years.

Learning experiences for the older person need to be relevant for their unique situation in society. They must deal with the physical, social and psychological changes which have taken place in the older persons life. Research has shown that persons over 50 years of age are not adequately represented in adult educational activities and that the degree of representations declines with advancing years. It has been proven that the older person is fully capable of learning. The problems of participation of the older person in learning programs which would prove to expand their horizons and help them find greater satisfaction in life, may lie at the feet of agencies and individuals who can and should develop programs which will gain their confidence and motivate them to want to participate. Older persons may ask, why? They ofttimes conceive of education as something done for credits whereby a person can prepare to make a livelihood.

The complexity of health care delivery programs, social security and the constant flow of forms and check lists have helped develop a consciousness on the part of older persons that they need to keep mentally alert and responsive to new demands. There is a greater consciousness today among the older citizenry that, in order to cope successfully with their survival needs: income, food, health, housing, social adjustments, family, that they need to be "learning" new facts and new ways of doing things. The motivational factors for education for aging should not be limited to survival needs but should include the aesthetic values that are important at any stage in life wherein we add meaning and purpose to life and living. It is important for society to become involved in education for aging wherein the older person continues to contribute to the progressive well being of the total community.

At the 1971 White House Conference on Aging Dr. McClusky suggested that there are two developments which show substantial promise of superior achievement in education for aging. First there is the phenomenal growth of the community college which is designed to make community services and adult education a principal part of its overall program. There is evidence that these community colleges are taking seriously their responsibility for providing educational services for the elder person. There have been demonstration programs wherein community colleges have developed curriculum geared to appeal to and help meet the real needs of the aged participant.

The second promising development is the widespread development of the community school. The school seeks to be of service to all persons of all ages in terms of needs and preferences.

There are many cities where public school programs of adult education are providing opportunities for continued learning, specifically directed at the older adult. New York State discovered some years ago, from a random sampling of those enrolled in adult education classes that fewer than 1.5 per cent of the group was 60 years of age and over. They added a staff member to the State Education Department, Division of Continuing Education to promote education for aging, develop curriculum materials and to do training. As a result of these efforts, classes for retirees are being offered in many communities across the State. These classes are offered at a time and place convenient to the needs of the older persons and are tuition free.

The Role of Clubs, Senior Centers, Civic and Other Community Organizations in Educational Programs for Older Adults

In many clubs and centers where older persons are involved, the educational impetus is often integrated into another program that has a broader purpose.

There are numerous service clubs that do become involved indirectly in educational programs which help expand the horizons of our older adults. The film shown at the Lions Club, the lectures presented by a professor at the Kiwannis weekly meeting, the panel discussion concerning some community problem held at the meeting of the Optimist Club--all help adults learn. The Federation of Women's Clubs has become deeply involved in working with and for older persons in constructive ways. Many other women's organizations have shown interest in older adults and have given aggressive leadership in developing educational programs related to the aged and aging. There are materials available to give guidance to clubs, centers, and institutions in developing educational programs for older adults.[4] Wientge suggests a model for continuing education for adults which could serve as a means of giving direction to community organizations seeking to project programs which help meet needs as life continues. The continuum goes from finding a mate, home and job (20s and under); to career and family development (ages 30-39); to status maintenance and enhancement (ages 40-49); to holding on and looking ahead (ages 50-59); to career termination and retirement planning (ages 60-69); and to living in retirement (age 70 and beyond). Clubs and other community organizations are developing educational programs which cross these lines of demarcation although they most often tend to speak of needs of fulfillment for every age sector--many times through programs concerned with religion, politics, citizenship, and general knowledge. In some community organizations the educational impact comes about through a process of serendipity. Federal and state involvement through financial assistance and professional guidance has stimulated local community involvement in programs of education for aging. The National Council on Aging has published a catalogue of federal programs, foundations, trusts, and voluntary agencies that assist communities and individuals in meeting the needs of aging.[5]

Senior Centers have sprung up throughout the country in many cities large and small, as funds have been made available by the Federal Government under Title III of The Older Americans Act. These centers, in the beginning, drew members from the lower income categories of the aging population; widowed, over 70 years of age, and those who have little education. The personnel operating these centers have found it difficult to interest their participants in adult education courses.[6]

Attention is being shown in recruitment and training of personnel who have responsibility for developing community programs of an educational nature for the older adult.[7] The National Pilot Institute on the Education of the Aged, funded through the Administration on Aging and sponsored by the Adult Education Association of the U.S.A. and its sub-section on Education for Aging, held at Exeter, New Hampshire in 1967, illustrated how various local, state and national organizations could share their knowledge and concern in developing programs of education for aging. This institute also compiled a detailed bibliography related to education on and for aging.[8]

Many communities have responded to the needs of older adults for retraining or the development of skills whereby they may obtain supplemental income. Some educational programs for older adults have as a major objective, that of helping the retiree find needed employment. These programs are frequently in the nature of short-term training. A number of studies have been made to determine the older persons adaptability to retraining or learning new skills. Some researchers feel that previous evaluations of adult learning have not realistically appraised the older adult's ability, since laboratory training is artificial, tends to reduce confidence, and requires the older subject to adopt a form of learning with which he is unfamiliar.[9] A survey was made regarding employment for older workers for the Organization for Economic Cooperation and Development in Paris, France. This survey, dealing with scientific knowledge on age changes in human capacities, especially in learning ability and adaptability, describes various methods used to train workers over 40. The findings showed that, if the setting and methods used were adopted to changing capacities and needs, learning and training were possible even in late maturity.[10] Certain psychological difficulties such as pacing, short-term memory and interference factors, and unlearning must be understood before one can teach an older person. It is better to train people in groups and to move to development areas in groups.[11] Research in adult learning at Duke University has suggested that a learning deficit is not truly a deficit of learning but of performance, and recommends that retraining be a routine part of work in order to minimize the stress of the learning situation.[12] The Proceedings of the National Conference on Manpower Training and the Older Worker held in Washington, D.C., in 1966 includes important information concerning community action on older worker training and employment, motivating the hard-core unemployed, selection, counseling, basic education, and employment services.[13] An annotated bibliography concerning training and retraining the older worker has been prepared by Kreps and Laws.[14]

The public welfare department has the potential for reaching the greatest percentage of the population over 65 years of age, consistently and with some assurance that they will be heard as they help implement federal and state programs of financial aid. The welfare department throughout the nation should be the best informed group concerning the real needs of the aged population because of their consistent identification with them and their many case studies.

Welfare departments have developed a broad concept of service to help meet the growing needs of older adults. Jerome Kaplan has made a definitive statement concerning public welfare services and the goal of public welfare department social services. "The public welfare services, directed toward mobilizing the capacities of the individual and the resources in the community, include referral to existing community resources, development of resources, stimulating community action, marshaling and coordinating community efforts. Consultation to the community based on knowledge through observation, empirical experience, and scientific research are part of these services. It involves working with those who apply for economic assistance, those now receiving aid, and with the entire community so as not only to prevent, within the limitations of existing knowledge, those problems which necessitate so many of these services, but also actively to promote well-being. The goal of public welfare department social services is to develop a cultural atmosphere which recognizes and acts to meet the basic human needs of people of all ages: good shelter, food and clothing; employment based on ability; adequate health facilities and opportunity to use them with dignity; and educational, social, spiritual, and recreational opportunities to meet the desire for creativity, productivity, usefulness, and sheer fun."[15]

Churches and synagogues have been involved in programs related to the educational needs of older adults for many years. During recent years they have opened their doors to other community agencies where facilities were needed to help meet educational, social and leisure time needs of adults. The older adult has been considered when new buildings are planned wherein availability, access, stairways, accoustics, comfort are all considered as important. Many churches and synagogues have employed staff members with special expertise regarding the aged and aging. National Boards and Agencies have employed directors of adult programming to give guidance to local groups. The Methodist Church in 1945 took the lead in employing a full-time worker on the staff of its Board of Education to promote work with and develop programs for older people. The Federal Council of the Churches of Christ in America, which is now a part of the National Council of the Churches of Christ in America, implemented a two-year research program in 1947 related to the church's ministry to older people.

Paul Maves has described the objectives of church programs for older people in the following manner.

> Programs for older people in the Protestant churches generally have five functions: worship, study, recreation and fellowship, service and evangelism. The study aspect of the program is designed for personal enrichment and for more effective functioning in the other four aspects of the program. The service aspect of the program includes the practice of Christian citizenship as well as philanthropy and volunteer service to agencies

> and individuals in the community. In general terms the objectives of such programs are to help older people to face the losses, to achieve the compensations, and to find meaningfulness in late maturity.[16]

With the growth and development of congregate and domiciliary homes for the aged, research is emerging as to the importance of adult education for their clientele. Mason has made a study of the effect of a group discussion program in a home for the aged on the behavior patterns of the participants. King sought to identify the educational needs of older adults living in three congregate homes in Indiana. Efforts are being made to discover how older persons in retirement can continue to share their intellectual resources to develop and sustain educational programs for others with special needs.

All levels of government, public and voluntary agencies and other organized groups are becoming involved in creating a variety of programs and projects of an educational nature which will be helpful to older adults. Educational institutions of every kind, voluntary groups, private and public industry, churches and synagogues, national, state, and local organizations are offering older adults educational opportunities.

What Dr. Maurice Linden has said, concerning program reforms related to health care delivery programs in our Nation, can be said concerning the development of educational programs for older adults. The need to foster the functional integrity of the older person, promote personal dignity, independence, and sociability and practice physical and health maintenance is leading to programs of reforms instigated by persons, agencies, and institutions working with and for the older person.[17]

The Section on Education for the 1971 White House Conference on Aging expressed well the need for the concerted efforts of the total community in developing educational programs for the aged and aging. Education is a basic right of all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and is a means of helping them develop their potential as a resource for the betterment of society.[18]

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CHAPTER 7

NON-TRADITIONAL EDUCATION: SOME NEW APPROACHES TO A DYNAMIC CULTURE

Earl Kauffman
and
Patrick Luby

Introduction

Camping out on the moon, complete with a golf club and television, is not a new, albeit vicarious, experience for the generations of people educated in the traditions of contemporary society. Men walk in space, families move from place to place, numbers are replacing names for persons and things, and the population of people over sixty is growing faster than any other cohort age group. Need we concern ourselves with modifying the status quo in our educational system in this maelstrom of change? The answer, obviously, is "Yes," and the quicker we get on with ordering innovations the better it will be for all generations, ours and those that are to follow us.

"Eight Hundred Lives" is the way Toffler[1] frames history. By this he means there have been that many generations of approximately sixty-two years each, and adding all together the first seven hundred ninety-nine has not seen so many changes as had the eight hundredth, ours. Up until our times resources have limited decisions; now decisions limit resources.

It is the contention of the Forum on Aging at the University of Kentucky that older people are a national resource of vast potential. As a resource they may well become People of Destiny. With leisure, wisdom, devotion, and freedom the older citizens possess attributes unequaled by any other cohort group. Given opportunities to continue education in ways that release their talents older people may well become Senior Advisors to Decision Makers.

For all of his vivid prose and many good thoughts the ideas about older people Reich[2] expressed in The Greening of America must be challenged. His assertion that "Older people learned how to live in a different world; it is really beyond them to imagine themselves living according to the new promises," may refer to their opinions about the "new" youth of the mid-sixties. What should have concerned him as he describes "Consciousness III," is the fact the older people are educatable, they are flexible, and they too have dreams and visions of a better society. They, like the different youth of Reich's time, are calling for an education that continues their awareness of things as they are so plans can be shaped to make things as they ought to be.

H. Lee Jacobs[3] makes a point for the education of older persons when he writes, ". . . there has been a growing conviction that while 'getting older' is universal, how a person ages is something he can, with the help of his community and educational system, influence substantially." This position was enhanced by the reports of the delegates to the 1971 White House Conference on Aging. As recorded in the final report of the conference,[4] "the delegates were uniquely qualified to develop policy recommendations in education for older people" in that they represented older people, major ethnic minorities as well as professionals in the fields of education and gerontology. They subscribed, for instance, to the remarks of Dr. Howard Y. McClusky, co-chairman, who said,

> But when we turn to education we find a more optimistic domain. In fact, education is itself essentially an affirmative enterprise. For instance, education for older persons is based on the assumption that it will lead to something better in the lives of those participating. It also proceeds on the collateral assumption that older persons are capable of constructive response to educational stimulation.
>
> . . . for persons in the later years, change gives rise to a 'double jeopardy.' That is the changes in the society surrounding the individual compound the readjustment induced by the age related changes occurring within the individual. Thus, if education is to be relevant for the unique situation of the older person and, moreover, if it is to be effective, it must without compromise deal with the multiple impact of change inherent in the life stage which older people occupy. Such an encounter should generate an educational program markedly different from that associated with the 'credential' system of formal education.

In continuing to develop the background from which the delegates formulated their recommendations, McClusky stated,

> But for more fundamental and ultimate purposes, society's stake in the education of older persons is that of helping them become a more effective resource for the improvement and enrichment of society itself. In the context of this view, education for older persons is an investment by society in resource development.

This takes us back to Toffler. Shall society decide to limit the resource potential possessed by older people? The delegates to the White House Conference were strong in their support of education for older persons especially because they are a resource of national importance. In the twenty-three recommendations of the delegates to the Section on Aging there was clear support for this concept: "Education is a basic right of all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and as a means of helping them develop their potential as a resource for the betterment of society."

If education for older people is important, if the "credential" system is not adequate, are there non-traditional programs available that can be presented as models or prototypes for replication or adoption by educational administrators. The answer here is "Yes," and several such programs will be presented in the hope that something like them will soon be found in educational systems in most every community.

A. Programs of the Council on Aging at the University of Kentucky:

1. The Herman L. Donovan Fellowship for Senior Citizens at the University of Kentucky has been available since 1964. It enrolls about 225 people above the age of sixty-five each semester at the main campus in Lexington, and a similar number at the fourteen community colleges which are affiliates of the University.

   The Donovan Fellowship is a living memorial to the late Dr. Herman L. Donovan, President, University of Kentucky, 1940-1955. In the latter years of his tenure he attended a seminar on aging at the University of Michigan where he met Dr. Wilma Donohue, Dr. Clark Tibbitts, and other pioneer leaders in social gerontology. From that summer on Dr. Donovan was a strong advocate of higher education for people who are retired. In a paper he wrote for the Kentucky Committee on Education and the

the Uses of Free Time, in preparation for the 1961 White House Conference on Aging, Dr. Donovan proposed that all colleges and universities, both public and private, should throw open the gates of their campuses to older people so they could pursue their interests in learning as long as they lived, and, he added, they should be invited to come without the payment of fees. His reason was very valid then--it is just as appropriate today--our colleges and universities owe their greatness to the work and support of people now grown old. Through gifts, taxes, votes, and dedication they supported higher education often at considerable personal sacrifice. They believed so much in a college education that they saw to it that their sons and daughters got it even though it was a privilege denied to themselves.

The Board of Trustees, in 1962, created the Council on Aging and made it a part of University Extension. In 1964 the Board established the Donovan Fellowship according to Dr. Donovan's design. Now any person over sixty-five, living anywhere, can come to the University and take any course listed in the general catalog for credit, or as an auditor, without the payment of fees. The only criteria for admission is a personal estimate of health good enough to stand the rigors of academic life, and a motivation sufficient to accept the challenge of being a college student.

There are no real reasons why adult educators can't and shouldn't insist that a Donovan type program be made available in the institutions of higher education in their own communities. It is one of the most inexpensive services imaginable because no new classes are required and enrollment is on a space available basis in existing courses. No new classes were created for Donovan Scholars in the beginning and now there are only two: Drawing and Painting, and the Forum on Aging. The art class is taught by a retired teacher who is paid a stipend which fits the social security limits on earnings. The Forum is conducted by the director of the Council on Aging.

Donovan Scholars register for regular university classes and sit alongside boys and girls young enough to be their grandchildren, as they sometimes are. Most Donovans audit one or more classes per semester. Some work for credit in which case they must meet the prerequisites for the courses they take. A few ambitious souls pursue degree programs. Some have graduated in various baccalaureate programs, and one with a Master of Arts. Although there is much interest in the doctorate programs and there have been several applications in various stages of processing only one has been admitted so far.

The Council devotes a great amount of time to developing the applications of people who want to be Donovan Scholars, to counseling with them on personal and academic problems, to helping with registration, and to keeping in touch with them throughout the year. Before any prospective student is registered for a course permission to do so is secured from the instructor, often a time consuming process. Although nearly all of the registration process is done in the Council's office, the Registrar's office finalizes the work.

Descriptive brochures are prepared and an extensive correspondence is carried on with interested people from all over the world who write and call for information. There is no geographic limitations to the Donovan program. An interesting outcome of the unlimited registration is that many fine people from other states have taken up permanent residence in Lexington. Those who come from out-of-state for one or more semesters remain good friends of the University and serve as sources of information about the institution and the Commonwealth wherever they go.

The Council on Aging is responsible for many other programs for older adults besides the Donovan Fellowship.

2. Continuing Education - a home-grown program in some of the community colleges. The Council on Aging at the University of Kentucky offers guidance to local committees of older persons in developing 16 clock-hour short courses. The content is based on expressed interests of older people. One person or a small committee, working with the extension office of the community college puts the ideas into a workable format. Local people are found or outsiders

recruited as volunteer teachers. Each course generally ends with a pot-luck supper and the ceremony of awarding "certificates of accomplishment."

3. The Writing Workshop for People Over 57. This nationally advertised program of the Council on Aging at the University of Kentucky is limited to an enrollment of fifty. Classes are taught in fiction, non-fiction, poetry, and script writing by people who are highly skilled teachers and well known authors. The week-long program now in its eighth year has helped a number of men and women derive greater pleasure from their writing, and some have published.

4. The Study-Travel Seminar. This is another program of the Council on Aging at the University of Kentucky. Almost every year a group of older people decide to go someplace. They meet for a week or so to study where to go, what the problems of traveling will be, and to become acquainted with each other so that they travel as friends. After returning home there are several meetings to continue study of the insights and experiences gained from the adventure.

5. The Forum on Aging at the University of Kentucky. Many older people share deep interests in the world in which they live. The Forum presents an opportunity for them to meet in an academic setting on regular semester-long schedules. The White House Conference has provided the focus of study for several semesters. The Forum has devoted several semesters to the study of great issues in American life with a view to proposing effective courses of action to keep our nation headed toward attainable goals of greatness. Now the students are preparing to make their knowledge, time, and talents available to help decision makers understand the problems they face and the options for solving them that are available.

B. Other Institutions of Higher Education

Other institutions of higher education are also serving older people. In a recent study fifty letters were mailed to the presidents of land grant colleges and universities and a total of thirty-seven replies were received.

The request was simple--too much so, perhaps, to get detailed information. This was what was asked:

> Dear Mr. President:
>
> As Director of the Council on Aging at the University of Kentucky, I am preparing a research paper on continuing education for older persons in the United States. I would greatly appreciate receiving information regarding the availability of this type of education in the institutions of higher education in your state.
>
> At the University of Kentucky, tuition-free education is offered to qualified persons over sixty-five through the Herman L. Donovan Fellowship Program. This program has been enthusiastically received, with attendance growing steadily each year since it began in 1964.
>
> As colleges and universities in many other states have instituted similar programs there is a need for a comprehensive picture of just what is available for people sixty-five and over, countrywide, and it is important to receive this information from each and every state.

The replies, while not overwhelming with opportunities, did reflect an awareness of the need for extending education to include older people. In a few places a very real beginning has been made. It just may be that a national pattern is beginning to emerge. With your help it may become a full-blown educational movement.

Of the thirty-seven replies received fifteen universities reported no identified programs for older people and no particular interest in developing any. There were eight institutions that reported having an interest in such programs but that they did not have any at the present time. In at least two places the outlines of programs are beginning to emerge while programs of one kind or another are to be found in eight institutions. Four presidents made reference to programs at campuses other than their own, usually community colleges.

1. The University of Connecticut waives tuition for people over sixty-two providing they are residents of the state. The Connecticut Fact Book on Aging (something each state should have) states,

   > The University of Connecticut and four state colleges by state statute waive tuition fees and/or other charges for persons sixty-two years or older who have been accepted for admission. The 1971 legislative assembly is being

> asked to extend this waiver provision to the state's ten community colleges as well.

Apparently not many older persons are taking advantage of the opportunities available to them. The Fact Book states, "Despite the tuition waiver, registration among the elderly is low in the state's schools." Only four were matriculated in the four state colleges in the fall of 1970 while at the university and its branches there were four undergraduates, four graduate students and eleven unclassified.

2. The University of New Hampshire, also, waives tuition for older students. The age of eligibility is sixty-five and one must be a resident of the state. Dr. Thomas M. Bonner, President, writes:

> The Division of Continuing Education, University of New Hampshire, awards Senior Citizens Scholarships to any resident of New Hampshire who is sixty-five years of age or over for any credit or non-credit course which is not intended for professional development. Senior citizens are responsible for additional fees, if any, such as registration, laboratory, and admission. A special form is completed by each applicant applying for a senior citizens fellowship. . . . If a course is offered conditionally (minimum of fifteen students), senior citizens are not counted as part of the required fifteen.

3. Another New England state with programs for older persons is Vermont. As stated by R. V. Phillips, Dean, Continuing Education, University of Vermont:

> Citizens of the State of Vermont, sixty-five years and older, upon presentation of proof of residence and age are permitted to enroll as auditors in classes at the university without the payment of tuition fees.
>
> In each of these instances, such enrollments must have permission of the Dean of the College concerned or in the case of Evening Divisions and Summer Sessions, permission of the Dean of Continuing Education, in order to safeguard overcrowding of any one class to the detriment of matriculated students.

Dean Phillips adds this note, "The policy has now been in existence for two years and has only moderate use. We would estimate that roughly a dozen people a year take advantage of this opportunity."

4. Still another eastern institution that accommodates older persons is the University of Rhode Island. The minimum age is sixty-three and one must be a resident of the state to qualify. The program which is quite new--fall semester, 1971--offers scholarships for credit and non-credit courses. Not many older persons are entering the program although it was announced throughout the state, according to Dr. George J. Dillavou, Dean, Division of University Extension.

5. For geographic variety attention is now turned to the southwest and the west. First, a look at the University of Oklahoma. Tuition is not waived at this school but there is a program that is quite popular with older persons. It is Bachelor of Liberal Studies. As Dr. J. E. Burkett, Assistant Vice President writes, "Of the 2,618 adults in this program through 1971, 421 were fifty-one years of age or older; 52 were sixty-one years of age or older; and 3 were seventy years of age or older."

6. In Utah the age for entering programs for older persons is fifty-five. The format here is somewhat different than previously reported in this chapter in that only certain courses are open to people of this age group. They are, as listed by Dr. Sherman B. Sheffield, Dean, Division of Continuing Education:

   a. Climate for Retirement - A study of the social and psychological problems of older persons in a youth-oriented society. Weekly classes, non-credit, $15 fee.

   b. Adult Education, Abundant Living. The series was planned by the senior citizens and some of the lectures were delivered by senior citizens. Weekly classes, non-credit, 25¢ per lecture.

   c. In planning--a class on consumerism for the aging individual.

   Dean Sheffield added, "It has been our experience that many of our citizens over fifty-five years of age participate in a variety of programs in continuing education."

7. A different pattern for providing educational opportunities for older persons in the Oregon State System of Higher Education, as reported by Chancellor R. E. Lieuallen, who writes:

> It is my pleasure to be able to assure you that you can continue your studies at Oregon State University in Corvallis, the University of Oregon in Eugene, Portland State University in Portland or at one of the state colleges located in Monmouth, Ashland or La Grande, and Oregon Institute of Technology in Klamath Falls. You will find a large variety of courses at each of the seven institutions.
>
> A special tuition rate of five dollars per term credit hour is provided for senior citizens (65 years or older) at each of the institutions mentioned above. In addition a special materials fee may be charged in a few of the courses. Senior citizen fees are designed for persons not seeking credit or working toward a degree, and are offered on a space-available basis.

8. Fairleigh Dickinson University, Madison, New Jersey has recently inaugurated a comprehensive educational program for older persons. Modeled after the Donovan program at the University of Kentucky, it was initiated by Dr. James V. Griffo, Jr., Provost. In The Ageless Times, the newsletter of the educational program for older persons, he was quoted as saying that he felt there were many diverse reasons for older persons to seek college-level education.

> Although they do not need a degree for the same reasons that young people do, many desire the satisfaction of acquiring one. Contrary to the popular misconception, older people do not experience great difficulty in learning, and particularly so when they are especially interested in their subject. This is one of the major differences between the educational experience of younger and older people.

Following are excerpts from The Ageless Times which are pertinent to an understanding of the Fairleigh Dickinson University's venture in non-traditional education:

> Since Dr. James V. Griffo, Jr., Madison Campus Provost, originated the idea of our Educational Program for Older Persons, he was asked to explain his philosophy regarding education for older persons and his plans for its development.
>
> It was his opinion that this type of program offered great future possibilities for expansion and development. 'We have only just begun to scratch the surface,' he said.

> Being familiar with the success the University of Kentucky had with this type of program their 'Donovan Scholarships,' Dr. Griffo was concerned that the difference in population between the comparatively rural area around Lexington, Kentucky and our metropolitan suburban area would result in a different response if the same program were tried here. However, our original enrollment of over fifty, as against their total of a hundred after ten years, dispelled his doubts.
>
> He was greatly impressed by the caliber of the senior scholars who enrolled and hoped that they would continue with expanded programs in the fall, and encourage their friends to join the program.

Asked about his opinion of the possibilities of training older people for second careers in gainful employment, Dr. Griffo admitted it had interesting possibilities. One of the problems was a lack of data on how many were seriously interested in engaging in such a training program.

> Acknowledging that very many older people need the extra money such employment would give them, the question remained concerning their ability and inclination to embark on an extended program to fit themselves for gainful employment in a new field or in another field related to their former employment.
>
> Counseling to learn their abilities, many of which are often overlooked, requires trained counselors which are not now available to them. An up-to-date knowledge of the opportunities for older people in these fields is also essential with an understanding of the chances for obsolence. Younger people have the time to find a rewarding career by trial and error, but older ones don't have that much time to waste.

From the University's viewpoint, Dr. Griffo mentioned a number of advantages the program offered. It broadens the student base, tends to bridge the generation gap and utilizes the experience of older people in broadening the perspective of the younger students.

The Senior Seminar serves as a laboratory in gerontology for younger students in the social sciences, and also introduces them to the problems of retirement. Many authorities in preretirement counseling and training are in favor of starting such training at a very early age. Dr. Griffo also reiterated the faculty's plans for broadening the scope of the Senior Seminar in the fall and in starting new courses especially designed for older people under the University's Division of Life Experiences. He has high hopes for the enlargement of the program in the fall and urges our present students to tell their friends, who are of the type to benefit from it, that they will be a welcome addition to the student body.

An integral part of the Fairleigh Dickinson program is the Senior Seminar. Again using excerpts from The Ageless Times:

> The Senior Seminar's interesting and meaty sessions continue to attract its members to the weekly meetings. Many reports of letters received from foreign correspondents indicate the growing collection of data concerning the conditions under which older people live abroad.
>
> Because of the extraordinary success of the Senior Seminar Educational Program for Older Persons, Dr. Gene Weltfish, will offer Senior Scholars Seminar II this fall. This program is a new and specially designed study of aging in different countries as well as the United States. The overall theme will be a statistical study of applied geriatrics.
>
> Important projects in this seminar will be a study of methodology to assist older people in problems of transportation and loneliness. There will also be included a Seminar on Youth and Aging, which will be a skip-generation dialogue between the college undergraduate and the older person.
>
> This noncredit program will be offered on a weekly basis. It will be offered from 3:30 to 5 p.m. Registration would have to be made through the office administering the Educational Program for Older Persons.

Some of the mechanics of the program are revealed in the following quote from The Ageless Times:

> In his letter of April 13, Professor Tramutola give the dates before which fall registration must be completed - mail registration by August 27, and registration in person by September 4, the last day on which registration will be accepted.
>
> However, he emphasized the need to register as soon as possible after your kit is received in July in order to

> be admitted to the courses of your choice. We all understand that students paying tuition must be given priority.
>
> Courses totaling up to 16 credits may be taken by present members enrolling for the fall semester providing their scholastic standing justifies their assuming this work load. New members will be limited to 3 credits as were our members in the spring semester.

The issue of credits is one of concern to educational administrators. This becomes especially acute when dealing with college work done from 30 to 50 years in the past. On this matter, The Ageless Times sheds some useful light:

> In discussing the allowance of credits from other institutions towards degrees for which our senior scholars are enrolled, with Mr. Thomas Heaton, head of the Admissions Department at the Madison Campus, he emphasized the desirability of submitting transcripts of scholastic records, obtained from these institutions, as promptly as possible. Ordinarily credits earned for courses taken previous to fifteen years prior to the completion of requirements for a degree, are not allowable. However, Mr. Heaton explained that there are exceptions, so such credits should also be submitted. The reason for this basic ruling is that many older courses were based on data which is now out of date. In a few cases the background data is still valid, and the credits accordingly can be allowed even though earned earlier than fifteen years prior. Another way in which outside credits toward a degree can be allowed is through CLEP, College-Level Examination Program. Professor Tramutola enclosed its Registration Guide folder with his letter of April 13.
>
> Mr. Heaton stated that at present, a total of 16 such examination credits are allowed towards a degree, but that this policy may be changed to allow as many as 60 such credits.
>
> The examinations are usually given at Fairleigh Dickinson's Edward Williams College in Hackensack, but Mr. Heaton has indicated that, under certain circumstances, it may be possible to have them administered in Madison.

Finally, is it all worth while to the institution and to its older students. Dr. Griffo is positive in his affirmative "Yes" when, as noted above, he says,

> From the University's viewpoint. . . it broadens the student base, tends to bridge the generation gap,

> utilizes the experience of older people in broadening the perspective of the younger students.

The evaluation of the program by students and faculty is most supportive of the program, as The Ageless Times notes:

> The results of the recent evaluations of the faculty by our members and of the students by the faculty were extremely gratifying. The senior scholars were almost unanimous in giving the instructors good marks and the latter were equally complimentary of the senior scholars. Such expressions as "he is an excellent teacher"; "knows his subject"; "communicates well"; "commands attention"; "has a keen sense of humor"; "is sympathetic and interesting"; "a fine, knowledgeable person"; "spreads optimism"; "understands the importance of older persons"; were common in the evaluations received from our members. Faculty comments included such excerpts as "he is a fantastic person"; "one of the most delightful and motivated students I have ever taught"; and many more in similar vein.

9. Institute for Retired Professionals

A much different approach to non-traditional education for older persons is the Institute for Retired Professionals at the New School for Research in New York City. Originated by Hyman Hirsch in 1962, and its director throughout its entire life span, the Institute acknowledges[5] that,

> Retirement often raises more questions than it answers. For the increasing numbers of educated persons in our retired population, the usual answers for the use of leisure time are not responsive to their needs and to their sense of personal worth and dignity. The Institute for Retired Professionals at The New School has dealt with the leisure time of the educated retired person. It believes with Willard Wirtz, the former Secretary of Labor, that "there is more to life than twenty years of learning, forty of earning, and the rest just waiting." At the Institute retirees have created their own program of continued learning.
>
> The Institute is not a special course created for retirees by the university. It is a program which was developed by retirees themselves with the help and encouragement of the university. In that program is a recognition by an institution of higher learning that the vast pool of experience and talents in the retired population must somehow be used constructively in retirement for the benefit of retirees as well as society.

> The Institute offers an opportunity for the many highly trained retired professionals to renew their education at the university level without the usual course procedures. The use of their experience and talents in a retiree's self-directed program represents a new approach in adult education. It enables former professionals as well as executives retired from business, public affairs organizations and government units to explore new interests and directions both as students and as leaders in a continued learning program with a social program important to all age agroups, especially older people.

For a fixed annual fee a member of the IRP is entitled to enroll in one New School course each semester and participate in all phases of the IRP program, without any additional fees. It is therefore possible for a member to attend a weekly session of a New School course, as well as structure his or her leisure time by participating in IRP groups, and to go back to school daily if he wishes. IRP groups are based on cooperative leadership and membership participation. The courses of study of discussion groups in current affairs, book reviewing, the theatre and other areas, are developed by the leaders of each group with individual members assuming the tasks of papergiving and reporting at each session.

Groups such as poetry, history and playreading are conducted as seminars under leaders of proven competence. Languages, art and music groups are taught by specialists in the field. For the creative writers the IRP provides the opportunity to be published. A board of editors consisting of former journalists, editors and advertising executives, cooperate in publishing the IRP Review. A Newsletter is also published periodically.

Membership is open to those who have recently retired from a professional or executive career. Applicants must have suitable educational background and interests. Admission is determined after a review of the application by the IRP Admissions Committee and a personal interview with the Director.

The Institute has cooperated with universities and groups of retirees in other areas to establish continued learning programs.

It is to be hoped that an increasing number of programs will result in the near future. For additional information please write: Institute for Retired Professionals, New School for Social Research, 66 West 12th Street, New York, N. Y. 10011.

C. Community Colleges

"Look to the community college for many educational innovations," is the advice of Dr. Frank G. Dickey, Director, National Commission on Accrediting, 1 Dupont Circle, N.W., Washington, D.C., 20036. This was his advice to the Forum on Aging on April 19, 1973 when he was the guest speaker. His advice can be documented from many sources but the report of the Coordinating Council for Higher Education[6] in California provides a ready reference which is available to all educators. From the comprehensive materials provided by Dr. William K. Haldeman, Associate Higher Education Specialist, the report by Dr. Charles R. Carlson, Bakersfield College, has been selected to describe developments in California.[7]

> The findings of this study showed that some 26 per cent of the community colleges of California are now involved in the offering of classes or programs for the aged. An even greater number of colleges expressed recognition of the need for such programs. A total of close to 40 per cent of the colleges were either offering classes or planning to offer them.
>
> Colleges were offering courses in the area of pre-retirement education, finances and income tax, health, etc. Largest offerings were in the area of income taxes and estate planning, offerings which could be rather easily adapted from other current offerings. Courses aimed at pre-retirement persons, while very important, had the greatest instance of failure. The colleges also seemed to be somewhat limited in their offerings for the aged, often ignoring the aged's interest in other areas such as current events, conversational foreign languages, arts and crafts, etc.
>
> Colleges were not uniform in their methods and procedures. While most colleges, for instance, recognized the need to change the environmental classroom situation for retired persons, most classes were not changed from the normal atmosphere. The colleges need to do much more in this area, particularly the moving of college classes to facilities more convenient to the aged.
>
> The colleges were also irregular in their appointment of retired persons to appropriate advisory committees. Less than half of the colleges offering classes for the aged appointed representatives of the abel to advisory committees. There was also considerable variance in the appointment of administrative and

faculty personnel to positions of supervision, coordination and development.

The area of greatest concern for the colleges was in the area of program development. Adequate college commitment to the program, thought given to the relationship of the program to total institutional goals, inclusion of relevant parties in the policy making and management of the program, high levels of staff service, conducive learning situations, development of high quality leaders and instructors, promotional and public relations services, and long-term commitment to the program are all essential to the planning and carrying out of programs for the aged. Too often colleges have responded to an immediate need without adequately relating the need to the total goals of the program.

The research indicated that up to 600,000 retired persons in California, and possibly more, are excellent targets for college enrollment. Older persons are not generally neglected and isolated, separate households indicate the social affluence of the country rather than neglect or isolation. Few of the aged indicate signs of senility or mental illness. Most persons over the age of 65 are busy, relatively happy, and believe themselves to be in good health.

Colleges need to note that the aged do decline in certain school-related aspects but not in others. They decline in speed, manual dexterity, visual acuity, and motivation. However, in the areas of vocabulary, general information, verbal reasoning, judgement, etc., older adults often show definite gains. Older adults also vary in their abilities and interests as do other age groups. Older adults who remain mentally active show less mental deterioration than those who don't remain active.

The major area of concern in the area of aged learning abilities seem to be in the area of motivation. Many of the aged have the traditional (and largely false) idea that they can't learn or have very poor memories. These negative attitudes will certainly effect the older adult's motivation about returning to school, taking tests, etc. This may be one of the factors in the request that classes be given on a no-credit basis. It is true that many or most of the aged probably do not need the credit, but the aspect of possible failure in a credit class may be a powerful barrier to attendance.

Of major importance in this study was the finding that there were considerable differences between the normal college population--even the normal adult college population and the aged population. The aged population has needs different than the others. They need and want classes which take note of and use their substantial reservoirs of knowledge and information. They learn best by means of techniques which make use of their experiences. They also have physical limitations which make it desirable to locate classes close to their homes, to offer classes during daylight hours, to take into consideration their limitations in climbing stairs, sitting for long periods on hard chairs, etc.

Colleges need to do more to accommodate the special needs of the aged if they are to draw significant numbers of the aged back to the classroom--on campus or off.

RECOMMENDATIONS: PRACTICES AND PROCEDURES

1. Adequate staff time for articulation, planning, etc., is necessary to insure success and the development of well-conceived programs.

2. Adequate finances are necessary for local research, and the hiring of a qualified staff.

3. The appointment of representative retired persons to appropriate advisory committees is helpful and important.

4. Cooperation with other public agencies and community groups can be important in the development of programs and the locating of facilities for classes. Some groups have considerable background in the offering of programs for the aged. Faculty can also be recruited in this way. Most available and popular agencies for cooperation are the local park and recreation districts, libraries, local retirement groups, and national or state-wide retirement groups such as the American Association of Retired Persons (AARP) and its related Institute of Lifetime Learning. (The Institute of Lifetime Learning cooperated in this study and is interested in the aged. Contact: Dean Leroy Hixson, Institute of Lifetime Learning, 215 Long Beach Blvd., Long Beach, CA 90802.)

5. A college certificated employee of administrative rank should have the responsibility for working and planning in this area to insure adequate college support in addition to faculty members to do the necessary everyday work and coordination necessary to a successful program.

6. Newspaper and other media coverage and advertisement of retirement programs is necessary for basic coverage and special mailings would be of considerable value when made directly to retirement groups and communities or to union and employer groups in case of pre-retirement classes.

7. Retired persons want and need educational classes but also consider themselves quite busy. Publicity needs to make classes offered sound interesting and inviting as well as important to retired persons.

8. Classes should be offered on a no-credit basis or with the option of no-credit, provided in the later case that this option is well

publicized, as it is not well understood. Open ended classes are also recommended.

9. Many retired persons are operating on limited budgets, therefore if fees are normally charged for classes, consideration should be given to waiving these fees for retired persons.

10. The class environment should be other than that of a regular classroom. More comfortable chairs, informality, open discussions, nice surroundings, etc., are important to the appropriate atmosphere. Lounges are particularly good. Retired persons are different and should be treated differently than the regular adult student population.

11. Considerable attention must be given to transportation and related conditions. Classes should be offered as close as possible to where the retired persons are living, with adequate parking or public transportation available. Buildings should be easily entered by persons with mobility problems including wheelchairs, crutches, etc. Rooms should be located on ground floors or close to elevators. Long walks across campus or up a flight of stairs will be very discouraging to aged persons.

12. Whenever possible, classes should be held during daylight hours, preferably in the afternoon. Morning would be a second choice and evening a poor third. Darkness presents many problems to older persons, especially those with impaired sight and hearing as well as those with transportation problems. Many older persons simply refuse to go out at night.

13. One, two, or three day sessions would progressively be more difficult for aged persons. One-day events are feasible if adequate planning is given to comfortable seating, frequent breaks, coffee and tea, etc.

14. Faculty members should be carefully selected for their ability and facility for dealing with older persons. The aged indicated resentment at having less-than-qualified faculty and at having young teachers tell them what it feels like to be old. Colleges should look carefully at their own retired instructors.

15. There are many well educated and well qualified persons in the retired ranks. The community colleges as well as other public agencies could well make significant use of their free time and desire to serve. Consideration of this aspect could aid the colleges a great deal in the development of programs for the aged.

16. Cooperation with such educationally oriented groups such as the AARP and the Institute of Lifetime Learning could be of considerable value in planning and offering classes for the aged.

17. Colleges should investigate the availability of federal funds through the Administration on Aging of HEW particularly for developmental and innovative programs.

RECOMMENDATIONS: COURSE OFFERINGS

1. It can be a good tactic to take regular courses and change the environment, etc., and thereby create special classes for the aged. Care must be taken, however, that adequate planning shows that these are the course areas most needed by the aged.

2. Pre-retirement education is vitally needed but a difficult area to receive adequate enrollments. The clientele for this type of class is difficult to reach. Coordination with unions and management groups is a necessity.

3. This study indicated that retired persons have somewhat different ideas about the classes they want and need than do the colleges. Adequate planning on the part of the colleges must take these preferences into account.

4. Below are listed the most popular courses as chosen by the retired persons in this study:

   Health for Senior Citizens
   Social Security and Other Benefits for the Aged
   How to Enjoy Retirement
   Consumer Concerns of Retired Persons
   Living Within Your Income
   Psychological Aspects of Aging
   Conversational Spanish
   Income Tax Preparation
   Living for Later Life
   Training for Community Service
   Arts and Crafts
   The Law and You

5. Seminar classes covering various aspects of the above subjects are also appropriate. Cultural and informational courses involving field trips to various locations, etc., are also very popular.

Two related aspects of this study are important for colleges to consider. There is considerable misinformation on aging in today's society. Information needs to be presented to dispel some of the negative false beliefs at all age levels. This type of information should be included in regular college classes such as sociology, psychology, health, etc. Programs training persons to care for the needs of the aged (gerontology) is a rapidly growing area and one in which the community colleges can render considerable service. In some cases courses for gerontology students and the aged can be one in the same or held together.

BASIC STATISTICS OF THE STUDY:

Questionnaires sent to 92 community colleges in California.
Responses received from 89 of the colleges.
Questionnaires sent to 2,000 retired persons throughout the State of California with the cooperation of the Institute of Lifetime Learning.
Responses received from 1,125 retired persons.

Returning to Kentucky, there is a program for older adults that because of its simplicity is described here.

Continuing education for older adults is a natural extension of the concern of the Council on Aging. This took tangible form in 1966 with the funding, by Title I of PL. 89/329 - The Public Higher Education Act of 1965, of a demonstration program in four Kentucky communities.

The project began by enlarging the executive committee of the Council on Aging by the addition of older persons who knew the state well, and by younger persons who were administrators of programs serving community development programs. This group committed itself to a course of action which would demonstrate that:

1. Older people will take advantage of opportunities to study about problems of concern to them.
2. Older people will contribute from their store of talent and wisdom to the solution of these problems.
3. Communities have within them the personal and agency resources needed to meet the problems of older adults.

Kentucky is blessed with an excellent system of community colleges. It was to these that the Council went with an offer to help establish continuing education programs for older adults. They responded with enthusiasm. From among the seven colleges then operational the committee chose four on the basis of field studies and a questionnaire called "The Community Readiness Profile." Each of the chosen communities added its own particular flavor to the ensuing program but the format outline was the same in all.

1. The college director with the advice of his Board appointed a planning committee.

2. With the approval of the local planning committee, the college director appointed a project coordinator. This man was paid a small stipend from grant funds to organize the program, recruit participants, secure volunteer teachers, and to tell the public about it all.

3. The subject matter to be studied was determined by each community planning committee.

4. Their ideas were pooled and a syllabus was built to incorporate teaching guides and other aids to learning. The local coordinators, planning committee chairmen, and college directors were joined in this task by nationally prominent consultants. A sixteen clock-hour course was planned. This met the minimum standards for one hour of academic credit which some people wanted to earn.

5. Actual teaching was done, for the most part, by representatives of agencies which deal with problems faced by older persons, e.g. Public Health, Social Security, Social Services, the courts, and the like. Other teachers were recruited from retired people, union leaders, business and professional men and women.

6. Graduation exercises, with speeches, diplomas, banquets in some places, finished the work.

7. Each course was evaluated in two ways: 1 - by essays written by the students; 2 - by a full day workshop for committee chairmen, coordinators and college directors.

8. A handbook explaining this whole process is being prepared and should soon be available.

The objectives of this project were fully realized. People did register for the courses--a total of approximately 225 in the four communities. They attended with a consistency that was amazing. The only drop-outs were because of unfortunate health problems; the only serious absenteeism occurred on the night when a snow storm stopped all other traffic except for the hardy scholars of 65 winters or more experience with adversity. One community did so well that the Kentucky Welfare Foundation, a private philanthropy, awarded a grant to repeat the program. That has been done with even a larger attendance of eighty-five as compared with sixty-two the first time.

The project demonstrated that there are resources for continuing education in the communities. The colleges themselves, of course, are a resource. But the project revealed to them the depth of interest older people have in learning. As one director stated, "We will never be complacent with our offerings for young people when we know that their parents and grandparents are just as eager--or more so!--to learn." Another director wondered if he could speak of "regular students," meaning the young men and women, when everyone regardless of age is a prospective student.

Community college directors have learned that they have most competent allies when it comes to organizing educational enterprises. The local planning committees and the project coordinators proved to be most competent in developing ideas and carrying them into reality. And why shouldn't they be so? After all, they were the teachers, lawyers, preachers, ministers, bankers, businessmen who had made the community what it is. Just because they are retired does not mean they have lost their competencies. All that retirement had done to them was remove the opportunity to use their talents and wisdom. This was restored by the project in continuing education.

The Public Higher Education Act of 1965 provides still other programs for older people.

Through Title I, of the Higher Education Act, a number of exciting and valuable programs have been initiated. Here are a few:

University of Kentucky. A Pilot Demonstration Project to Teach the Proper Uses of Medicare/Medicaid to Older Persons: To demonstrate that older people can be taught to understand the provisions and limitations of Medicare/Medicaid.

University of Oklahoma. Model Critics Senior Citizens - Emeritus Program: To assist senior citizens. . . in developing capabilities for effective representation and planning.

University of South Carolina. Life Enrichment Program: A program of 18 non-credit courses to older adults with each class meeting once a week for three weeks, and including art, music, banking, real estate, law for the layman, preparation for retirement, family estate planning, etc.

Quinnipiac College, Connecticut. Educational Enrichment of Senior Citizens: To educate and counsel senior citizens of three communities in areas of social security, health, welfare, medicare, etc.

Edison, Florida, Junior College. Education for Retirement: To provide retired persons with opportunity to learn about the aging process, the problems involved and ways of solving them.

Memphis State University. Street Arts: Workshops and classes to develop latent artistic talents in art, music, and dramatics culminating in a "Street Arts" outdoor show.

D. Off Campus Programs

Educational programs for older persons are not limited to campuses of colleges and universities. However, it is appropriate that campus-bound staffs know about what is available elsewhere.

In almost everyone's home town there are programs of adult education sponsored by city or county boards of education. The value of many of these is that they get to all segments of society, the basic illiterates of which there are some four million over 65, as well as the more highly educated who, according to Billingsley,[9] also need education for such functions as:

1. serving their communities,
2. achieve social interaction,
3. self-expression,
4. enhancement of the joy of living.

Usually the courses are short-term and often they are offered in neighborhood facilities, especially the elementary and secondary schools. There seems to be no limit to the subjects covered.

Most directors of adult education programs are quite anxious to provide the learning experiences people seek. The suggestion, therefore, is to ask.

Adult education departments often are required by departmental policy or sheer budgetary necessity to levy fees for instruction. This is often the only source of funds to pay the instructor, the janitor, and the utilities. It is not always the case and some departments average out the costs with high income producing classes covering the costs of those that don't pay their way.

The Older American's Act of 1965 provided the first real impetus to rolling back the limits of aging for older people. Through Title III a sum of money was made available to each state that had an acceptable plan (all states do now) to support programs developed in local communities. The grants required dollar support from the home towns for the first three years after which no more federal funding was made. In Aging, the publication of the Administration on Aging, for May 1970[10] it is reported that 103,400 older Americans attended adult education classes and that 4,793 older persons received special short-term training. This is not an impressive report considering the 20 million plus people over 65 in America. Worse still, some projects have been terminated because local communities could not come up with the required matching funds. This was especially hurtful in rural areas and city ghettoes where the needs for continuing education are especially acute.

State Commissions on Aging now have staffs that can aid communities in securing Title III programs. Their addresses are readily available through the Governor's Office.

E. National Organizations

The National Retired Teachers Association and its public counterpart, the American Association of Retired Persons, are pioneering in the field of adult education with a variety of innovative programs. Because of their enormous size, over 5,000,000 members, the Associations are literally demolishing the boundaries of knowledge imposed upon older persons by a youth-work oriented society. There is scarcely a street in a remote hamlet or a crowded city that does not have someone who is a member of NRTA/AARP. Many of them are organized into chapters--there are over 1,300 already operational--and in each state there is one or more volunteers working as state officers to help the clubs develop viable programs. These leaders, in turn, are serviced by regional vice-presidents each of whom are responsible for several states. Over the whole membership is a president who has been elected by his peers to serve a two-year term. Supporting the entire organization is a highly qualified secretariat.

The activity of the NRTA/AARP of most immediate concern to educators is the Institutes for Lifetime Learning. Leroy Hixson is dean of this dynamic organization and Dr. Lawrence Carlson is associate dean.

The Institutes of Lifetime Learning are described by Patrick Luby, a staff assistant to Dean Lawrence Carlson:

> The Institute of Lifetime Learning has attempted to eliminate any discomfort a retiree might feel as he returns to a learning milieu. Organized and planned by retired persons, the Institute is more sensitive to the needs and feeling of older adults.
>
> Competition with younger persons at Institutes classes does not exist. Participants are older adults who choose to study and learn and exchange ideas with people their own age. This is an invaluable option and undoubtedly a factor which adds to the Institute's attraction.
>
> The Institutes offer non-credit courses of shorter duration than the average college semester. Experience in various locations points out that an eight-week semester with one ninety minute class per week seems to be preferred. It would seem that retirees hesitate to make a long-term commitment and choose eight weeks as the most appropriate span. Likewise, older students prefer a class one day per week but, when they come, they consider it "worth the trip" if they stay at least ninety minutes.
>
> Many older persons, particularly in metropolitan areas, depend on public transportation to get to and from Institute classes. A number of cities now offer reduced bus fares to people over 65 if they utilize the buses between rush hours. For this reason classes are scheduled in the late morning and early afternoon. Most continuing education programs, of necessity, schedule their courses at night. Retired persons are unable to participate due to the lack of public transportation and, often, a general sense of insecurity at night. Any educational program hoping to draw from retirees must offer daytime classes that are convenient.
>
> This brings us to the area of facilities. Generally, college classrooms are sterile, impersonal and uncomfortable. The Institute classes are usually held in lounges or conference rooms. Attractive surroundings are helpful in dissipating the distasteful association many older people have toward schools and classrooms which they remember from their youth.
>
> The physical architecture of the classroom is also of prime importance. Many of our colleges and schools have entrances with high stairs, nicely waxed but slippery floors, and some beautifully carpeted lounges and meeting rooms. Often these carpets rise above the floor just enough to cause an older person with poor eyesight to trip and fall. Comfortable chairs should be large enough for a body that has gained a few pounds over the years. Good lighting is essential and special care should be taken to insure adequate intensity. Awareness of these key points creates a more comfortable environment for older adults.

The Institutes of Lifetime Learning, unlike many educational institutions, are not tied to a particular location. Quite the contrary, classes are held throughout the geographic area. Many agencies and community organizations with adequate space co-sponsor and support Institute classes. Synagogues and churches, libraries, banks and community centers, as well as universities and community colleges offer their facilities. They enable the Institutes to go into the community and bring courses to the people. This makes courses accessible to students unable or unwilling to travel to a central location. Easy accessibility is not a new concept but, in programming for an older target group, its importance cannot be overstressed.

Who makes the best teacher for an older group? There is no pat answer to this question. The Institutes recruit teachers sensitive to the needs of an older student. Since the courses are non-credit, it is not necessary for an Institute teacher to be certified. Retirees themselves provide an excellent resource of talent and expertise. Some instructors come from local universities and colleges, others are specialists from the community. The primary consideration is to find teachers who recognize the potential in a retired audience; are willing to deny society's stereotypes of older persons; and have respect for their students.

The curriculum at the Institutes can be as varied as the wishes of the participants. The interests of retirees are as diverse as those of younger students but there are some common denominators that appear. Courses in humanities and the graphic arts are most popular. Discussion groups also rate high on the older person's preference scale.

Many older students initiate or renew study of a foreign language at the Institutes. Courses are offered from the beginner to the advanced level in most languages.

Another avenue of learning for older persons provided by the Institutes is the general lecture series. A Wednesday Morning Lecture Series on a variety of topics has been in progress at the Washington, D.C. Institute for ten years.

In discussing curriculum and instructors, it might be appropriate to mention tuition and fees. Since the classroom facilities are donated and the program is administered on a local level by older volunteers, the only outstanding expense is the instructor's honorarium. Since the Institutes are a non-profit organization, the tuition fee must only be great enough to pay the instructor. An average eight-week course with one ninety minute meeting per week may have a tuition from five to fifteen dollars. Keeping these fees low is essential due to the fixed income of the retired population.

The Institutes of Lifetime Learning administer TAX-AIDE, a nationwide, free tax counseling service for retired taxpayers. This program utilizes older volunteer counselors who are trained by the Internal Revenue Service to deal with the special tax problems of retirement. TAX-AIDE is conducted locally in senior centers, libraries, schools, colleges, and municipal office buildings. It has been successful in recruiting retirees who volunteer their time and expertise to help other older persons. In the 1972-1973 tax filing season, over 2,500 retired counselors were trained by the IRS and they aided older taxpayers with over 107,000 federal, state, and local tax forms.

The Institutes of Lifetime Learning also direct a federally funded project to design and field test models of specialized library services for older persons at four selected sites in Kentucky. Data were collected and evaluated on each of the locations, from a large urban area to very rural location. Program models are developed for each unique area and the findings are made available to librarians and planners throughout the nation.

The Institutes of Lifetime Learning are only one option for older adults in the area of continuing education. Dean LeRoy Hixson points out that Institutes programs compliment existing adult education programs in many communities and provide an important choice in the types of opportunities open to retirees.

One such option is the library of radio and television tapes that present programs on timely subjects at practically no cost. One radio station in Kentucky has been broadcasting highly informative programs for quite some time. The Associations have recently been experimenting with extension courses written by some of the leading educators in the country. The newest venture is the summer vacation programs in which older people gather in camps and recreation areas, and on college campuses for a week or so of genuine fun and fellowship in the healthy environment of nature's wonderland.

F. Widening Horizons

Continuing education for older persons is becoming a matter of worldwide concern. After viewing the story of Donovan Scholars on nationwide television in Canada, Mr. John Turner, Minister of Finance, sent his deputy, Mr. Charles Kelly to Lexington for a firsthand view of the program. In a recent letter, Mr. Kelly reported that arrangements can be made by community leaders to provide Donovan-type programs in local universities through the national "New Horizons" plan. Dr. Ernst Jokl, a faculty member at the University of Kentucky has recently returned from Sweden where he was asked to secure information about the Donovan program. He is arranging to have it described at an international conference in Germany in 1974. Dr. Barbara Tryfan, Chief, Rural Social Center in Warsaw, Poland was a recent campus visitor who came to study the Donovan program. Several months ago, Dr. Brian Woodhouse from New Zealand came to the Council for the same purpose. At home, the Committee on Education of the House of Representatives in Michigan sent its financial analyst to the campus to observe the program and confer with university officials. His mission was to gather information to support legislation for similar programs on a statewide basis in Michigan.

Summary

At the White House Conference on Aging in 1971 the Section on Education adopted this preamble:

> Education is a basic right for all persons of all age groups. It is continuous and henceforth one of the ways of enabling older people to have a full and meaningful life, and as a means of helping them develop their potential as a resource for the betterment of society.

As Mr. Foster Pratt, the newly installed president of the AARP writes, "We have proved that retirement can be a beginning, not an end. New doors can be opened. New vistas can be revealed. New trails can be forged. New heights can be reached. Retirement can be the first time in our lives when we can find true opportunity for service, for involvement, for concern."

It is true: Learning knows no age limit but old forms will no longer suffice. Non-traditional education requires imagination and innovation. The challenge is before the educational establishment!

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CHAPTER 8

PRERETIREMENT EDUCATION AND PLANNING

Woodrow W. Hunter

Part I. Introduction

The Problem

Technological achievements during the twentieth century have produced changes of such magnitude and complexity that social scientists are only beginning to define the perimeters of the new social order which has been created let alone understand their effects upon the individual. Throughout Western societies, however, one outcome has been documented better than most, namely, the enforced retirement from work of an unprecedented number of older people and their commitment to an important class of people for whom leisure rather than work is the prevailing way of life. Moreover, in spite of major efforts to keep older people at work, the trend for the past several decades in Western countries has been a steady decrease in the utilization of older workers. With the continued application of technology in these countries, there appears little or no likelihood that the trend will be reversed. To the contrary, retirement appears to be firmly entrenched and there is good evidence that the age at which it normally occurs will be revised still further downward.[42,135,15,143]

Some observers view retirement as a waste of human resources and a denial of satisfactions which come from working. Others see retirement as a notable achievement of modern industrial society--an achievement which has created for the first time a dividend of leisure years in which large numbers of people rather than a few may realize objectives of prime value to the individual and to the society in which he lives.[145,143]

Whatever their point of view toward retirement, most observers agree on one thing: older people are often poorly prepared to make wholesome, satisfying use of the superabundance of time which retirement puts at their disposal. They also agree that most older people must learn how to live on less income despite inevitable annual increments in the cost of living. New facts must be learned about such matters as Social Security and Medicare, matters which become very complicated and difficult to understand sometimes. Effective consumer behavior must be learned as well as how best to mobilize one's financial resources for the later years.

Retirement disrupts long standing contacts with some people and increases social contacts with others, including the spouse. Older people as they approach retirement often have only a superficial understanding of the difference between an evening/weekend marriage and a twenty-four hour a day/seven-day a week marriage. The need to understand one's children and their goals in life is required. New ways of achieving a sense of identity with one's children and other significant people must be sought. Often for older women, widowhood creates new tasks including the need to take responsibility for financial affairs, to realign social relationships and to make different living arrangements. As a matter of fact, most older people, widowed or otherwise, face decisions about a place to live more than once during their retirement years.

As people grow older new patterns of activity must be learned which take into account decreasing mobility. There is the need to accommodate to changes in vision and hearing. If the older individual is to function well in society, counter measures must be taken to maintain the capacity to perform mental tasks.

Learning how to live the later years as Frank (1955) has observed is more than likely a matter not only of drawing on long standing preconceptions and assumptions but also a matter of unlearning, or revising one's accustomed ways of doing things and of replacing old insights with new ones. In other words, he sees personal growth during the later years as a function largely of the individual's ability to look critically at old beliefs and behavior when they no longer serve his purposes.

Equally important is the overarching need to shape one's philosophy of life and aging to reflect on one's maturity and to make some choices about the values by which one wishes to live during the later years.[115,117] Indeed, this is a primary task confronting people as they grow older and eventually face death. The contemplation of these matters is, of necessity, a personal experience. On the other hand, one cannot escape the fact that human beings at all ages learn about life best when they discuss their hopes and aspirations with others. Thus the essential task in the education of older adults is that of creating opportunity for the individual to understand himself as well as his relationship to others with whom he comes in contact. Many people express this understanding in their old age, when they say that it is the people and not the things in their lives that count.

During the past three decades in the United States and in several countries of Western Europe there has been a proliferation of programs and services which are designed to enhance the ability of older people to make satisfactory adjustment to a retirement way of life. Health maintenance programs, information services, housing projects, rehabilitation services, employment and vocational training programs, pensions and national systems of social security, programs to insure independent living much as meals-on-wheels, telephone reassurance, housekeeping services and friendly visiting, multipurpose senior centers, and a variety of activity programs are but a few of the adaptations being created to help older people in Western countries.

Along with the upsurge of effort to create an environment in which the aging can realize their full potential for a secure and meaningful retirement has come a growing realization on the part of gerontologists and educators that continued learning is a necessity if adults are to possess the information and skills required to make successful adaptations to the middle and later years.

Thus, the purpose of this chapter is to trace the beginnings and growth of education for retirement in America, to discuss purposes and methods of present day programs and to comment on some new approaches for moving the field forward.

Origins of Retirement Education Programs

Educational programs for older people have been called by many names: preparation for retirement, preretirement counseling, preretirement education, and retirement planning. Whatever their name, they have utilized for the most part one of two approaches: the individual approach by which the older person and occasionally his spouse are invited to talk over with the employer or his representative such things as terminal pay, pension benefits or various forms of insurance; and, the group approach by which a number of older persons are brought together in a series of meetings to discuss plans for retirement.

Very little is known about the origin of the individual type of program except that early surveys indicate that many companies already had well established programs prior to 1950, and that these efforts were often related to the development of a pension program.

The origins of the group type of preretirement planning program, on the other hand, can be traced to the pioneering work of the University of Chicago and the University of Michigan. At the University of Chicago, where work was begun in 1951, the program drew heavily on the research findings of a number of social scientists at the University who were engaged in some of the first studies of the problems and adjustments of older people.[32,58,50]

With the assistance of Ernest Burgess (1960) the Industrial Relations Center of the University of Chicago developed a program titled "Making the Most of Maturity" which has been offered to industries throughout the country and it has trained personnel men and others as discussion leaders for programs. The University's Union Research and Education Projects unit also developed a program titled "Looking Ahead to Retirement" which it has offered primarily to labor organizations.[11]

The University of Michigan conducted its first educational program for older people during the spring of 1948.[141] The program titled "Problems and Adjustments in Later Maturity and Old Age" was essentially designed to assist retired persons to adapt to the socio-psychological changes concomitant with aging and retirement. This program, like those at the University of Chicago, was based on earlier studies of needs and problems of adjustment of older people conducted by Clark Tibbitts. Later the program was adapted for use with hourly-rated workers.[63] Other programs were added including a liberal education type discussion program for middle aged people[144] and programs to train union and industrial personnel as discussion leaders for preretirement programs.[68]

These first attempts at two American universities to develop educational programs for those on the verge of retirement were based for the most part on the premise that people, as they grow older, face certain crises or problems, and that a fuller understanding of these problem situations should result in better adjustment during the later years. The emphasis on the problems of older people, or as Breen[24] stated it, the dysfunctional aspects of retirement, is no accident. Studies reported at about the same time as the first preretirement programs were making their appearance revealed a wide range of old age problems--reduced income, decreasing physical vigor and health, inadequate housing, a vast increase in leisure time, social isolation, and a lack of opportunity in a society which placed a low premium on the older individual.

Pioneering programs at the Universities of Michigan and Chicago gave impetus to the development of programs at other American universities including Fordham University, Oregon State University, the University of Wisconsin, University of California, and Drake University, which at the present time offers regular training sessions for preretirement education leaders.[23] Public school adult education departments, government departments, the U.S. Armed Forces, libraries, YMCA's, and churches, as well as an increasing number of industries followed the lead of the university groups. A number of labor organizations such as the UAW (AFL-CIO), the International Association of Machinists, the United Steelworkers, the Community Services Department, AFL-CIO, the Upholsterers International Union, Brotherhood of Locomotive Engineers, District 65 of the Retail, Wholesale and Department Store Union, AFL-CIO and the International Brotherhood of Electrical Workers established programs for their members and encouraged their constituents to initiate programs at the local level.

More recently, organizations of older people including the American Association of Retired Persons--Retired Teachers Association and the National Association of Retired Federal Employees have organized preretirement education programs.

Within the past year the Connecticut Department on Aging established with funds appropriated by the State Legislature the first state-wide preretirement education program. In Michigan through cooperation of the Institute of Gerontology, the Michigan Commission on Aging, Michigan State University and other educational institutions a state-wide leadership training program has been launched to encourage program development. Similarly, in New Jersey the Office on Aging has conducted leadership training programs for personnel men in industry and government, adult educators, labor leaders and others in order to stimulate program development thoughout the state.

Many sections of the 1971 White House Conference on Aging including the section on Education recommended the development of educational programs for older people before and after retirement. For some time the Special Senate Committee on Aging has encouraged the development of preretirement education.[172] Also at the federal level 1973 amendments to the Older Americans Act mandated the development of preretirement education programs. Thus, it appears there will be no slackening of interest around the country in preretirement education.

Characteristics of Programs

A number of surveys of preretirement education have been made during the past two decades,[45,146,62,14,37,103,166,113,102,114,161,90,101,25,168,48] but differences in the sample of companies studied and in the definition of what composed preparation for retirement were so marked that only tentative estimates of early trends and character of programs can be made.

One of the surveys[25] studied the prevalence of programs in labor organizations. Some of the surveys such as the B. K. David Advertising survey, the Welfare Federation of Cleveland survey, and the Philadelphia Health and Welfare Council survey described company programs in local communities or regions. Others, including the Equitable Life Assurance Society, Tuckman and Lorge, Hewitt and Associates, National Industrial Conference Board, and Wermel and Beideman surveys, were national in scope, thereby permitting a better assessment of early trends in the United States.

Survey of Industries

The Equitable Life Assurance Society survey[45] of 355 companies showed that 13 per cent of them had preretirement programs of one kind or another. The 1952 survey by Tuckman and Lorge presented results for 70 of the largest corporations in the country representing a combined work force of 2.5 million persons. Their survey revealed that 37 per cent of the companies had some type of program to prepare employees for retirement. The authors sum up their findings as follows:

> The most significant finding of this survey is that companies are facing the problems of preparation for retirement at different levels. The majority of respondents having programs in operation cover financial preparation, and the related factor of insurance, hospitalization and surgical benefits. Less attention is given to the physical aspects of aging and steps to maintain health, leisure time and recreation, and outside activities and hobbies which may become revenue-producing. (p. 85)

Although Tuckman and Lorge showed that the companies in their survey used various methods to present preretirement programs, approximately two-thirds of them depended primarily upon individual interviews and counseling.

Hewitt and Associates[62] surveyed 657 companies with a combined work force of 2.5 million. All size and industrial classifications were represented but the authors stated that the sample over-represented the larger companies in the basic manufacturing industries. They called this a desirable bias because in this way the greatest number of employees and industrial practices were represented.

The Hewitt survey showed that individual interviews were used more often than any other method and that most of these interviews emphasized the probable amount of pension benefit and optional settlements, if any. Only 2.7 per cent of the companies offered educational or lecture programs to stimulate interest in retirement.

One of the larger surveys of preretirement education, the one made in 1954 by the National Industrial Conference Board,[103] studied 327 companies with 4.1 million employees. In answer to the question, "Does your company have any kind of preretirement counseling?" 214 (65.4 per cent) replied in the affirmative. Larger companies were much more likely to have preretirement counseling than smaller companies because in this as in the two previous surveys individual counseling dealt for the most part with pension benefits, and the larger companies were more likely to have pension programs.

Whereas in the previous surveys the definition of a preretirement program was left to the respondent, or a single definition such as preretirement counseling was employed, Wermel and Beidman[168] stated explicitly in their survey of 161 firms (6.0 million employees) that preretirement planning programs consisted of activities beyond those of administering a pension or profit sharing program and in so doing placed emphasis upon content rather than on method. This survey like the Tuckman and Lorge and the Hewitt and Associates surveys purposely over-emphasized the large manufacturing industries.

Results presented in the Wermel and Beidman survey are based on 161 firms which returned questionnaires. Of these 40 per cent reported having a preretirement program. Further the authors stated:

> By far the greatest number of companies reported as offering retirement planning programs to their employees relied primarily upon personal interviews. In 107 of the 161 surveyed firms with programs, analyses of the responses indicated that individual counseling or discussion interviews formed the chief method . . . (p. 75)

For the first time in surveys of preretirement programs, however, one sees evidence that individual counseling had been broadened to cover more than a discussion of pensions. Wermel and Beidman reported that in the case of 107 companies with individual counseling programs 84 of them scheduled sessions formally and included a broad coverage of topics which were developed in advance of the interview. Only 41 or about one-fourth of the companies reported that their programs were based on the group counseling method.

One of the best assessments of preretirement education is that conducted by Franke.[48] He identified 43 firms around the country who were reported as having had preretirement programs for a number of years. Franke, like the other authors, found that the most common approach to preretirement planning was through individual interview or counseling with wide variation in the subject matter covered in the individual sessions.

One of the special values of Franke's survey is its analysis of company attitudes toward the program and the essential requirements of a preretirement program. The companies in his survey named method more often than any other factor as the most essential consideration in the conduct of preretirement programs. His discussion of criteria for the future development of retirement preparation is an outstanding contribution to the field. (pp. 62-65)

On the basis of these surveys of company programs certain tentative conclusions can be reached about early developments in preretirement education:

1. The development of preretirement programs paralleled closely the growth of pension programs following World War II. Larger industries tended more than smaller ones to offer the service.
2. There appears to have been a steady increase in the number of programs during the 1950's and 1960's, especially in the number of individual type programs, but the magnitude of the increase is difficult to determine. On the other hand, awareness of the program and interest in exploring its possibilities appeared to be fairly widespread. There also appeared to be more interest on the part of companies than labor unions.
3. Programs exhibited extreme variability on content and methods. The individual approach predominated. Some programs consisted merely of a single interview with an employee; some consisted of several interviews; others consisted of as many as ten or twelve group sessions. Emphasis was most frequently placed on financial matters. There appeared to be a trend, however, in both individual and group programs toward including various topics for discussion.
4. There appeared to be little, if any, effort to control the quality of programs or to evaluate results. Companies preferred to utilize their own staff including personnel officers, pension experts, or an industrial relations official to conduct the interviews or lead the discussions and only a few of them developed any system for evaluating the effectiveness of their programs. Franke (1962, p. 38) suggests this is probably due to the fact that many companies do not view a preparation for retirement program as a major element in the management of the company.
5. Evidence of community involvement in company sponsored programs was very meager. The fact has already been noted that most companies were concerned with discussing pension benefits with the employee rather than such topics as opportunities in the community for the effective use of leisure time or resources in the community to which the retired employee may turn for help. In the group discussion programs, however, these topics were more likely to be

discussed and the company was more likely to request the assistance of staff people from Social Security, Employment Service, Library and local Recreation, Adult Education and Health Departments to conduct the program. Under these circumstances one might expect considerably more orientation toward the community.

Survey of Labor Unions

Breen and Marcus[25] have made the only comprehensive survey of preretirement programs in labor unions. Their objective was to obtain information about existing programs and the attitudes toward and awareness of preretirement programs on the part of labor officials throughout the country. A questionnaire was mailed to all national and international labor unions and to a randomly selected sample of local unions throughout the country. A selected number of respondents were followed up with personal interviews.

Questionnaires were mailed to 796 unions. Twenty-two per cent--173--of these responded. Only four unions, two nationals and two locals, reported that they were doing anything in the field of preretirement education. Accordingly, much of the analysis deals with those unions which do not have programs. Some of the conclusions reached were:

1. Relatively few unions had plans to initiate programs during the twelve months following the survey.
2. It was apparent that almost 85 per cent of the respondents knew virtually nothing about existing union programs, but that nationals were more aware of other unions' activities in the field than were locals.
3. When asked who should conduct the program, respondents were equally divided between unions and universities.
4. There appeared to be no significant relationship between respondents' attitudes toward preretirement education and size of the city in which union was located, regional location of the union, and size of union.

Breen and Marcus[25] sum up their survey by saying:

> Rather than be discouraged by the lack of information, the dearth of existing programs, or the seeming disinterest in this area as a service of union concern, it is more accurate to describe the present state of union awareness of the problems of older workers as reflective of the whole society. . . For many unions concern with preretirement education is premature. A union without an adequate comprehensive pension program will naturally place a priority on this benefit. . . Preretirement education is in its infancy; in time it will become an integral part of the labor union movement in the United States, compatible with the goals, principles and other multiple functions of trade unionism. (p. 46)

As noted above a considerably larger number of labor unions are known to have developed preretirement education programs since Breen and Marcus made their survey in 1960. Clearly there is a need for up-to-date information about programs sponsored by labor, industry and other organizations and agencies. Accordingly there is a considerable interest in results of a study and survey of preretirement education by Greene[53] and an inventory of education for older adults which is being conducted by the Adult Education Association of the U.S.A. under the direction of Roger DeCrow.

Part II. Planning Preretirement Education Programs

Part two of this chapter is devoted to a discussion of the basic elements of planning preretirement education programs, drawing largely on experiences gained from offering the University of Michigan group discussion type Preparation for Retirement Program over the past two decades, from testing various materials with groups throughout the country and from evaluating effects of participation in the program.

In planning preretirement education programs experience indicates the need to consider such matters as sponsorship, promotion, group composition, place and time of meeting, program materials, and leadership characteristics.

Sponsorship

The record shows that many groups and organizations are in the business of helping older people prepare for retirement. It also shows that there is considerable variety among organizations in the extent to which they are willing to engage in one kind of program or another. Some industries, for example, reject responsibility for anything more than informing the employee about pension benefits because they do not wish to infringe on the personal life of their employees while others are engaged in programs in which they give information and advice about many aspects of retirement. There is the same difference of opinion among labor unions and government agencies. Whose responsibility is it, then, to offer preretirement education programs? There was a great deal of discussion of this issue during the 1971 White House Conference on Aging with two points of view predominating.[170] One group of delegates to the Education section took the position that preparation for retirement is a responsibility which should be shared by many elements in the community each one of which makes its contribution to the total effort of supplying facilities, funds, and leadership, providing information, giving counsel, developing opportunities for retirement living and encouraging older people to avail themselves of the opportunities created for them by the community. Under these circumstances the delegates argued, it makes little difference who sponsors the program as long as the various elements of a community work together to achieve the goals of the program.

Another group of delegates had misgivings about the failure of the Education section to specify responsibility for retirement education. In their view something which is everybody's responsibility is likely to become nobody's responsibility. Accordingly, this group of delegates was eager to charge the public education sector with primary responsibility for initiating and conducting programs. They argued that adult education departments of public schools and institutions of higher learning were in the best position to insure continuity of programs through the use of public funds, and that they had other resources for program development including personnel with skills for conducting adult education programs, equipment and facilities. They argued as well that a publically supported program was in the best position to encourage participation on the part of many older people including those who were employed by small industries many of which cannot afford to sponsor a program for as few as five or six employees who retire each year.

However, this group of delegates doubted that public education would face up to its responsibility without a commitment of funds to the federal and state offices of education for staff and program development.

Finally, this second group of delegates endorsed the idea that public education should encourage the support and cooperation of as many interested groups in the community as possible. In this connection they recommended the development of preretirement education council such as the councils which have been so successful in Great Britain. Members of the council would represent in addition to public education, industries, and labor groups, those agencies and organizations which provide a variety of programs and services to the elderly including social security offices, councils of social agencies, committees on the aging, libraries, employment services, public health departments, churches, YM-YWCA's, public housing departments, recreation departments, legal aid, insurance and investment organizations, and so forth. As a matter of fact, leaders from these groups are often called upon to serve as resource persons in preretirement education programs, and thereafter. In addition, many of these groups are in a position to offer their facilities for programs in various convenient sites around the community.

It is to be expected that the initiation for program development may come from various sources. For example, in Waterbury, Connecticut the author had the opportunity to train leadership teams for preretirement education programs comprised of persons representing the management of Scovill Manufacturing Company and leaders from UAW Local 1604.[66] Adult education in Waterbury participated in the program as did other community groups. The program, the first of its kind, was organized and conducted for Scovill employees, however, by a joint management-union organization. Shortly thereafter Chrysler Corporation and UAW joined forces through their Pension Board of Administration in developing a similar program for Chrysler employees around the country.[33]

At the present time approximately 8,000 workers and their spouses have participated in the Chrysler-UAW program making it the largest effort of its kind in the country.

Promotion

Sponsorship is directly related to effective promotion of a preretirement education program. Some groups of hourly-rated workers are more likely to participate if their labor union is involved in conducting the program; other employees show a preference for programs sponsored by management; still others feel more at ease when as was the case in Waterbury, Connecticut, both management and the union co-sponsored the program. In this connection, the author recalls a situation in Niagara Falls, New York, where an industry offered a program and purposefully excluded the union. The union's reaction was one of suspecting management's motives and of discouraging union members from participating. Programs sponsored by adult education departments because they do not represent one interest group or another often appeal to many groups of older people, except that some older people have negative feelings about a classroom or university campus setting.

In any event, it is usually necessary irrespective of sponsorship to overcome resistance to participation in preretirement education programs. Older people are reluctant often to identify themselves with anything associated with growing older and they sometimes fear that participation in a preretirement education program will somehow hasten retirement. For these reasons success is more likely if the practitioner anticipates concerns of older people and emphasizes in promotional literature the practical values that can be derived from discussion of such topics as how to maintain one's health, how to determine how much income will be available during retirement, how to manage one's retirement income, how to make the best choice of where to live in retirement and how to make wholesome, satisfying use of one's time during the retirement years.

There is the need also to establish a positive philosophy of aging as a basis for promoting the program, to create a permissive atmosphere in which older people feel free to raise questions and discuss their concerns, and above all to make clear that the program is intended to reflect the concerns of participants rather than those of the sponsors.

It helps, of course, to emphasize the personal approach or invitation. Once a prospective list of participants is prepared every effort should be made to contact persons, explain the program and answer questions. When groups are large it helps to announce the program in a mass meeting and to answer questions. No promotion is quite as effective, however, as that which satisfied participants are likely to undertake with very little prompting as they talk with others on the job. Experience shows time and again that following the initial programs older people begin to ask for the opportunity to participate.

Group Composition

Such factors as age, occupation, and marital and socio-economic status are important factors to consider in the composition of a preretirement group. Although programs are usually offered to people five years before they retire, they attract those who have only one or two years remaining before retirement. Thus, one of the problems facing program planners is how to motivate those who still have as many as five, ten, or more years in which to plan for retirement. Experience shows that younger individuals become interested in a preretirement group after an initial program had been completed and reports of its success had been circulated among the employees.

Husbands and wives report considerable benefit from joint participation in a preretirement program. They say that sharing in the program promotes the development of mutually satisfying plans and develops ways of being of assistance to each other in making adjustments to a different way of life.

Difficulties sometimes arise when older people from diverse occupational levels are enrolled in the same preretirement program. Participants complain that supervisory relationships on the job tend to inhibit discussion. Practitioners sometimes see heterogeneity as a problem from the standpoint of determining program content and of selecting appropriate methods. For these reasons Burgess (1958) reached the conclusion that preretirement programs should be designed differently for at least two occupational levels: upper level occupational groups and manual workers.

Place and Time of the Program

During the initial planning preretirement educators should assess the acceptability and accessibility of a meeting place, the best time for scheduling discussions, the availability of equipment and facilities and the general physical arrangements which are possible in a meeting room. In a program offered at a plant engaged in heavy industry, wives were reluctant to attend because their husbands maintained that the plant was no place for women. In another instance workers preferred meeting in a nearby church because they did not wish their co-workers to see them taking part in a preretirement program. Some groups feel more comfortable in a union hall while others, because of convenience, prefer a neighborhood church or school. Because groups differ in this respect it is necessary that the leader assess the situation ahead of time.

When assessing the accessibility of a meeting place experience shows that convenient parking facilities are an important consideration. Moreover older people, after a full day of work, are reluctant often to drive long distances in heavy traffic.

Programs have been offered at all times of the day and the evening. Industries differ, however, in their willingness to release employees during working hours. In some instances they have compromised and offered programs toward the end of the work day, part on company time and part on the individual's time. On the other hand, when spouses who are employed in a different industry are invited to participate it is usually necessary to schedule the program during the evening hours.

In Great Britain there is a common practice of offering programs on company time and often arrangements are made for employees and their spouses to participate in one of the Adult Education Centres during a long weekend or for a continuous period of several days at the company's expense. It follows that programs in Great Britain are often more comprehensive than those offered in America including a greater emphasis on ways to use leisure time.[66]

Discussion is facilitated when it is possible for participants to sit facing each other. In addition they appreciate having tables on which to place their materials and take notes. Anyone who has had to lead a discussion in a long narrow room realizes also that the distance between participants is an important factor in their ability to communicate easily. Finally, the meeting room should lend itself to the use of blackboard, exhibits, and projection equipment.

Program Materials

A critical aspect of a preretirement discussion program other than content is the matter of achieving good communication between group members. This is often difficult to accomplish, since most older people have had little experience with discussion or adult education programs. The communication problem is intensified when groups include foreign-born persons who have difficulty speaking, reading, or writing English. Thus, a basic task confronting the discussion leader is one of providing common experiences around which there can be identification of interests, interchange of ideas and reactions, and, eventually, a crystallization of decisions on the part of the individual. An increasing amount of reading and visual material has become available to help leaders achieve these goals including a book by the author titled Preparation for Retirement which contains ten subject matter essays, a Retirement Readiness Checklist, and a series of short stories; seven preparation for retirement films; and a set of TAT type still pictures.

The purpose of the subject matter essays is to raise questions, and, rather than provide the answers, to supply a frame of reference by which the individual by himself or in conjunction with others may seek solutions. Moreover, it is the intention of the essays to expose older people to typical retirement situations as revealed by research and practical experience. The essays are written in non-technical terms for older people, many of whom have no more than eight years of formal education.

The position is taken that planning is a first step toward preparation for retirement, but by far the more important step is actually doing something about it. Therefore, the purpose of the Retirement Readiness Checklist is to provide a list of important things to be done before retirement and a handy way to check them off as they are completed. Members of the discussion programs are given the checklist at the beginning of the program and encouraged to check off those things which have already been accomplished. Other checks may be added during the discussion program, and at the final session results are presented and discussed.

The series of ten short stories are based on case history material collected by the author and transformed into stories in collaboration with a professional writer. Their purpose, like the subject matter essays, is to alert older people ahead of time to some of the situations which may happen after retirement. They differ from the subject matter essays, however, both in content and method of presentation. The content deals largely with the feelings of retired people. The method is one of retired people telling their story. After reading the stories, older people are encouraged to ask themselves certain questions: How did it happen that the characters in the story found themselves in the circumstances they describe? How did they feel about it? How will the situation turn out? If the reader were faced with the same situation what would he do?

There is no lack of films on various retirement subjects. The problem is that most of them are inadequate for use in a group discussion program. Existing films on aging are, for the most part, documentary; that is, they present a problem, analyze it carefully and suggest solutions, one or more of which may be documented by experiences of older people or others. It usually takes 30 to 45 minutes to present complete statements of this sort. For these reasons the author developed a series of three to four minute 16mm sound films on various themes. The films deal primarily with the feelings of people and no attempt is made to present facts or solutions. To the contrary, the viewer is encouraged to decide how he would have felt and what he would have done under similar circumstances.

Designed along Thematic Apperception Test lines the purpose of the series of 20 still pictures is to provoke group discussion. The special value of the still pictures in contrast with the film material is that their content is somewhat more ambiguous, and they are easily introduced into the program whenever the discussion leader believes they will help to improve the quantity and quality of the discussion. There is no scheduled use of the still pictures. Whenever the discussion leader thinks one of them will stimulate discussion he asks the group whether they would like to take a look at a picture. Each of three or four small groups of five to seven participants is given a copy of the picture. The instructions are as follows:

1. Who are the people in the picture?
2. What are they doing?
3. How do they feel about it?
4. How will it turn out? Please tell a story about the picture.

When it appears that a lively discussion had been generated in each of the small groups the leader obtains their attention and asks them to share their reactions with people in the other groups.

Leadership Characteristics

Although qualified to conduct group discussion programs, a preretirement education leader still requires information which will enable him to encourage discussion of a wide variety of solutions to retirement problems and he must be informed about community resources available to older people during the retirement years. If he prefers to use resource people for this purpose he must be informed in order to plan and guide the discussion. Better still, discussion leaders will prepare themselves by taking an inventory of community resources and by interviewing a small sample of persons representing the same occupational, economic, and social characteristics as those with whom he will be working. In this respect experience shows the value of interviewing persons in their own homes in order to learn about life styles, expectations of husband and wife, the manner by which they express themselves and the ways they use their time.

Since the shortage of professionally trained personnel presents a serious problem in the expansion of preretirement programs, attempts are being made at the University of Michigan and elsewhere to train discussion leaders from among personnel men, union leaders, recreation workers, librarians, and others. This appears to be a satisfactory solution when trainees are given an opportunity to learn basic information about the aging process and retirement, to obtain help in establishing the content of the program, and to learn and practice some fundamental group discussion techniques. Leaders working with their own groups have the distinct advantage of knowing their members, of being familiar with retirement policies and benefits, and of being familiar with local community resources.

Continuity of leadership for preretirement education programs appears to achieve better results than providing a different discussion leader for each of the sessions especially in a group discussion type program where continuous effort must be made to encourage the group to acquire new insights, to help members assess their potential for living the later years satisfactorily, and to foster decisions about what needs to be done in order to prepare for retirement. It takes time, more time in some groups than others, for leaders to become acquainted with group members, and for members to grow in understanding and in the skills needed to solve problems.

Part III. Program Objectives and Methods

Education for the retirement years broadly conceived is concerned with the quality of life which people achieve as they grow older. Older Americans differ considerably, however, in their need for education. There are a good many older Americans, as many as one-fifth of the older population, who are unable to read or write. Others are unable to perform simple arithmetic tasks. Many older people lack information about the availability of services which would improve their situations. Others need encouragement in order to participate in meaningful activities. Still others are isolated either in their own homes or in institutions and need to learn how to create meaningful relations with others. There are a good many older people who because their mobility is seriously threatened would profit from education on how to negotiate their environment. There are many whose lives would be enriched were they able to cultivate new interests in the arts and in literature. Finally, there are a good many older people who are confronted with the need to consider ahead of time the changes which are likely to occur as they move from a working to a retirement way of life. For the most part this chapter addresses itself to preretirement education, a type of education which facilitates the transition from work to leisure and imparts information, skills and attitudes which will help people solve problems of everyday living in retirement.

More specifically, preretirement education is concerned with giving older people an understanding of the internal and the external changes which take place as one grows older and retires from work, and the recognition that they face these changes in common with many other people. Preretirement education is concerned also with helping people assess the aging process and to face up to the fact that there are both positive and negative aspects of living the later years as at all stages of life. In this connection potentialities both within and outside the individual are given careful consideration. In the last analysis, however, preretirement education programs have become a setting in which older people may consider alternative solutions to problems of everyday living. It deals with such questions as how to manage on less income, how to make a good decision about a place to live, how to react to the disruption of long standing relationships, how to compensate for declines in physical strength, how to use free time in ways that are personally satisfying and socially productive.

Here, then, is a brief statement of some of the principles and methods which guide the conduct of the group discussion program as developed at the University of Michigan.

The University of Michigan program consists of ten or more weekly sessions. Most sessions require at least two hours with an intermission of 10 to 15 minutes. In some programs, a social period with refreshments is substituted for the intermission.

The groups are limited in size to 20 to 25 participants in order to encourage participation. Experience shows that group homogeneity based on age, occupation, marital, education and socio-economic status and retirement practices affecting older participants enhances participation. In addition it is important for a group leader to understand the motives, interests, life style, work experiences, and retirement expectations of the older people with whom he is working.

Importance of the First Session

Research on the needs of older people, and experience in offering them programs and services make it possible to predict with some accuracy those aspects of retirement they are most likely to want to discuss. On the other hand, it is recognized that individuals differ in their recognition of some problems, and especially in their readiness to discuss them. For this and other reasons, the first meeting of any preretirement education program is a crucial one in regard to establishing the content of the various sessions. Participants and the leader should share in making decisions about content of the program, participants on the basis of needs they were willing and ready to talk about, and the leader on the basis of his understanding of aging and retirement.

The two and one half hours which are usually devoted to each session are never enough time in which to discuss all aspects of an issue, problem or plan of action. Neither are ten sessions adequate in which to cover everything of interest to participants. The position is taken, however, that unanswered questions or incomplete plans stimulate the participants to think and to make decisions between one session and the next and following completion of the program. There is some evidence that the 25 hours spent in group discussion are, as a matter of fact, amplified many times as older people, their spouses, relatives and friends talk over the ideas that had been generated through discussion. Some of this extra time spent preparing for retirement is prompted by reading and discussing the preparation for retirement essays and short stories which are made available to everyone in the University of Michigan program.

Nevertheless, the time is all too short in which to do more than initiate the process of thinking through retirement situations and of weighing as carefully as possible the various alternatives. This limitation of the program is made clear in the first session. The point is also made clear that the leader should not be expected to have all of the answers. This is difficult for some participants to accept because in their view a leader should know all the answers. It is also difficult at first for some of the participants to share responsibility for the discussion and to discipline themselves in order to give others equal opportunity to participate.

In sum, the first session of the preretirement education program should be concerned with the following specific objectives:

1. Creating a permissive atmosphere in which participants feel welcome, at ease, and able to discuss their concerns.
2. Enabling participants to make decisions about the content of the program.
3. Encouraging participants to get acquainted with each other and the leader.
4. Encouraging participants to share responsibility for the discussion, for preparation before the meeting, and for the actual conduct of the meeting.
5. Initiating the maximum interaction in terms of ideas, information, attitudes and ways of doing things.
6. Practicing the process of decision-making in the group.
7. Encouraging older people to develop a positive frame of reference in regard to aging and retirement.

8. Creating anticipation for future sessions, and the desire to continue the process of preparing for retirement between sessions by reading, discussion, observation and self-analysis.

Beginning with the second session specific issues are discussed and a final session is devoted to a review of plans and to socialization among the members.

Work and Retirement Issues

The second session is usually devoted to a discussion of the meaning of work and retirement in our modern industrial society not only because the issues involved are central to any understanding of the retirement process but also because it creates an opportunity to discuss a positive view of retirement. Moreover, experience in discussion programs indicates the need for a warm-up period of at least two sessions in which participants have the opportunity to sit back, observe, make estimates of each other, get better acquainted and practice participation in a discussion program. As might be expected older people do not usually suggest the topic of work and retirement. On the other hand, they usually enter into the discussion of work and retirement with considerable interest. A film, still pictures and a short essay on the subject are used when needed to prompt discussion. One of the most effective discussion techniques is that of having retired persons and their spouses tell what it means to be retired. The wife's account of her husband's attempt at adjustment, his tendency at first to get in the way usually brings forth a good deal of humor. More importantly, participants learn from hearing about realistic life experiences of people they understand. Thus what could be a rather gloomy recitation of all the problems of retirement and old age usually turns into an exciting encounter with retirement in real life. The responsibility of the discussion leader for choosing positive models for this purpose is self-evident.

By this time it will have occurred to most readers that the leadership role in this program is something more than calling together a group of people and asking: "Now what would you like to talk about?" For example, it is the leader rather than the participant who is likely to suggest a discussion of the meaning of work and retirement, and the leader must take the initiative to invite retired people to talk about their experiences.

Income Issues

As might be expected participants frequently suggest that the program should include a discussion of the sources and amounts of retirement income, and usually for strategic reasons this discussion is scheduled during the first half of the program.

Every effort is made to give participants an opportunity to make an accurate estimate of their retirement income. Company and union personnel are invited to be on hand to help compute pension benefits and a social security resource person usually attends to answer questions. Follow-up investigation is encouraged with these as well as other resource people including the older person's banker and insurance agent because there is never enough time in one session to discuss all possible situations. It is especially important to have company, union and social security personnel encourage the participants to contact them personally if they have further questions.

This session like the one on legal issues depends to a larger extent than the others on the use of the lecture method to present a good many facts. In addition forms are handed out and a beginning made on computing pension benefits. Other printed materials are distributed to explain pension and social security benefits.

Money-Management Issues

There is the need not only of knowing how much money will be available for retirement from various sources but also how much it will cost to live; and, if there is not enough money to go around, what can be done about it. The money-management discussion is purposefully scheduled far enough in advance to give participants the opportunity to keep an exact record for one month of all their expenditures. Usually as many as a third of the participants will decide to keep records as a basis for estimating expenditures after retirement.

The main object of the discussion is to move those participants who are worried, concerned and feeling helpless to a position of recognizing certain practical steps which they can take including family budgeting. Retired couples are often called in to tell how they have managed financially.

Some of the participants will express a desire to find gainful employment after retirement because they anticipate the need to supplement their regular retirement income, but also because they want to work for the sake of doing something useful. When several older people are interested in employment, time should be scheduled to discuss what it means for an older person to look for a job, what kinds of jobs are available, and how to approach an employer. Older people often point out that it has been a long time since they looked for work. It is suggested that those who do not express an interest in the topic might take a cue from a good many retired workers who report having returned to work temporarily in order to buy a new stove, a car or carpet for the living room.

Physical Health Issue

To be effective this session should involve leaders who can speak with authority on questions of health such as a physician, a registered nurse and a dietician. When a physician participates it is suggested he discuss the meaning of symptoms, rules for good health, rehabilitation procedures, a positive philosophy of health during the later years, and, especially the individual's responsibility for maintaining his own health. Another important consideration in any discussion of the physical health issue is the reluctance of many people to seek out medical attention, not only when they are sick, but also when they are well.

But probably the most important goal of this discussion is that of helping older people recognize that aging is a normal process which serves a useful biological purpose; that old age and sickness are not one and the same, and that much can be done by the individual and the health professions working together to insure a healthy old age.

The style of this particular discussion owes a great deal to Dr. Edwin Smith, Associate Professor of Physical Medicine, University of Michigan, who prepared the essay on health which participants read before the meeting, advised on the preparation of the film which is used during the discussion and conducted a number of discussions during the developmental phase of the program.

Mental Health Issues

The point of view is taken that stress, frustration and uncertainty are common feelings of people especially at times of major physical and social change, but that the measure of a mentally healthy person is the manner by which he accepts responsibility for his own future.

What are the basic needs of people? What happens when needs are not satisfied? Is it possible to anticipate needs in the later years and to make decisions which in the long run will enhance adjustment? How does one characterize older people who have made a success of retirement living? Films, short stories, still pictures, mental health experts and retired resource persons are used to help participants find answers to questions of these kinds. There is obvious lessening of anxiety in some cases when it is recognized that mental health concerns are common among all members of the group.

Finally, changing mental capacities are discussed and potentials for maintaining them at a maximum functional level in the later years. In this regard, it is of interest that the discussion of mental health is often touched off by reference to the loss of memory in old age.

Issues of Family, Friends, and Living Arrangements

The mutually supportive behavior of husband and wife, relatives and friends is emphasized as a crucial element in any attempt to achieve good adjustment in old age. Accordingly, the idea that we are social beings who require interaction with and the support of other people to realize our full potential at all stages of the life cycle including the retirement stage is discussed at length as well as those factors in the later years which mitigate against mutually satisfying social relationships. Individual responsibility for trying to understand the attitudes of children, the need to live one's own life, but at the same time to accept help when it is needed, and the desirability of sustaining or even expanding one's social relationships are concepts which are fed into the discussion by the leader and others.

The questions of where to live in retirement are discussed first of all in terms of the changing needs of people from 60 to 90 and secondly in terms of a place to live being something more than a roof over one's head. Living with one's children, living in a home for the aged and living alone are given special attention. Participants are urged to observe firsthand as many types of housing for older people as possible. Check lists, essays and short stories are made available to help identify the important considerations when living in various settings.

A valuable technique for stimulating discussion of where to live in retirement is that of asking two couples in the group with different plans to present their viewpoints to the group for review, discussion, and evaluation.

Legal Issues

When older people in preretirement education programs are asked to identify questions of a legal nature, as many as fifteen to twenty different questions are frequently identified. Despite this apparent interest of older people in legal issues Professor Richard Wellman of the University of Michigan Law School, who developed materials and served many times as resource person for this particular discussion, insists that under no circumstances should the discussion of legal affairs take the place of seeking legal counsel on an individual basis.

With this injunction in mind the discussion approaches such questions as: What happens if a person does not have a will? What is the difference between an executor and administrator? Is it a good idea for the individual to make his own will? What does one need to know about joint ownership of property? What is the function of the probate court? How does one locate a reputable lawyer? What does a lawyer need to know to make a good will?

In this session more than in most of the others, participants have much misinformation. For this and the other reasons given it is mandatory to have a lawyer on hand to inform and monitor the discussion, especially one who is familiar with wills and probate procedures.

Issues on the Use of Free Time

The position is taken that the essential starting point for any discussion of the use of free time is the individual's felt needs. Some of these needs are common to many people while others are specific to particular individuals.

Once individuals express such needs as the need to be useful, to be mentally alert in their later years, to have friends who care what happens to them, and to be financially secure it becomes possible to discuss alternatives. Many techniques are used to highlight the alternatives: retired people tell about their use of time, a librarian brings reading materials to the meeting and discusses the resources of the public library, an adult educator presents opportunities to learn in the community, a YMCA director presents his program, a scout leader encourages the men to teach skills to youth, a city recreation director discusses the range of possibilities throughout the community, members of an activity center for older people give firsthand experience, and so forth.

Two techniques for learning about alternate ways to satisfy personal needs for activity stand out as more effective than any of the others: 1) participants are encouraged to visit various opportunities for retirement activity, including opportunities to render volunteer service and to report to the group on their findings, and 2) participants plan and conduct an exhibit of their interests, activities, hobbies, or skills as part of the session on the use of free time. In a group of 20 older people, it is not unusual to find a wide range of activities and inrerests some of which are waiting for expression until more time is available. Frequently the first reaction of older people to the questions of free time is that they are eager for the time when they will have nothing to do. This goal is usually reconsidered by asking participants to put on the blackboard what they think a typical weekday in retirement will be like and testing the activities of a typical day against needs of individuals in the group.

Issues in the Utilization of Community Resources

The responsibility for adjustment in retirement should be shared by the individual and the community in which he lives. For this reason every effort is made to maximize contacts between the older workers in the program and leaders of community programs and services of special value to older people. It is axiomatic in the first place that the present generation of older people is not as aware of community resources as tomorrow's generation of older people will be and today's people sometimes have misgivings about using what community resources exist.

Two approaches have been tested. One approach considers resources at that session when it was appropriate to do so while the other approach is that of having an entire session devoted to many kinds of community resources: health, recreation, financial, housing, education, employment, counseling and religions. The conclusion was reached that it is more meaningful to use the former approach, for example, to discuss the health resources during the session on health.

The Final Session

Although certain things can be expected to happen at the final session, it, like the first session, requires careful planning by the leader. Participants like to talk about their participation in the program. Almost always, participants say they are sorry the program is ending, and sometimes they take the initiative and make plans to continue relationships with others in the group after the meetings. Also participants frequently express their pleasure on having made new friends in the program.

Thus, the final session should be planned to reinforce decisions which participants have made in reference to retirement living, make it possible for participants to express their feelings about the program and encourage participants to continue their preparation for retirement.

Part IV. New Approaches

Education After Retirement

The reluctance of many members to terminate the program suggests the possibility of providing periodic follow-up sessions in which new information is supplied, unsolved problems discussed, reports of successful adaptations made to the group, and an esprit de corps, and mutual helpfulness encouraged among the members. Also after retirement there is time in which to encourage them to use the community as a laboratory for learning about housing for the aging, health services, activity programs and so forth. And yet, those who deal with older people in churches, libraries, and activity centers have made very little use of the group setting in which older people come together to solve problems of everyday living.

Recently in collaboration with Schoolcraft College in Southeastern Michigan the Institute of Gerontology made an appraisal of the educational needs of 418 older people in various nearby communities. Their replies served as the basis for developing Schools for Retirement in three Michigan communities.[6] Specifically, respondents in the survey expressed an interest in obtaining information about social security, medicare, legal aspects, retirement housing, social services, selecting a place to live, making good use of leisure time, volunteer activity, making the most of retirement income, and ways to maintain one's health during the retirement years. Respondents in sizeable numbers also expressed interest in participation in cultural events and in being of service in the community. Older respondents also expressed a marked preference for day time programs conducted in neighborhood locations such as senior centers, senior housing projects, union halls and churches.

Accordingly, the major purposes of the Schools for Retirement were to supply information about various aspects of aging and to teach skills in solving problems of everyday living. The title Schools for Retirement was selected to convey the idea that a curriculum consisting of a number of short courses were to be offered and that older people would have the opportunity to enroll in one or more courses in each of two semesters depending on their needs. Eight courses were offered on the following topics:

1. What one needs to know about social security and medicare.
2. Ways to maintain good health in the later years.
3. Making the most of retirement income.
4. Legal information for the later years.
5. The good uses of free time.
6. How to have a good family life in the later years.
7. Choosing a place to live in retirement.
8. Consumer skills for the later years.

The first session in each course was devoted to supplying up-to-date information. A second session was designed to discuss solutions to problems. Courses were conducted in activity centers and in senior housing projects during afternoon hours. There was no charge for participation in the initial courses. Older people expressed a willingness, however, in paying a nominal registration fee for subsequent courses.

It was concluded that an educational program which reflected the practical concerns of retired people has considerable value especially if it is offered at a convenient time and in a place where older people normally congregate and if the cost is one they can afford.

A Proposal to Train Older Persons in Community Action Roles

A proposal such as this one to train older persons for community action roles has its origins in the current trend of providing older Americans with opportunities to contribute their knowledge and their skills in a variety of settings across the nation. For example, the new federal volunteer agency ACTION sponsors a number of programs which are designed especially for older persons such as the Foster Grandparent Program, Retired Senior Volunteer Program (RSVP), Service Corps of Retired Executives (SCORE), as well as a number of programs which are designed for adults of all ages including older adults, such as VISTA and the Peace Corps.

The U.S. Department of Labor has made grants to the National Farmers Union for establishing the Green Thumb and the Green Light programs; to the National Council of Senior Citizens for developing a Senior Aides program; to the National Council on the Aging, Inc. for developing the Senior Community Service Project; to the National Retired Teachers Association and the American Association for Retired Persons for finding part-time jobs for Senior Community Aides.

Similarly, the U.S. Office of Education and the Administration on Aging have funded a variety of programs in which older people have been able to engage in many kinds of useful activities. Most of the federally sponsored programs have been developed to help low-income older people to earn money. Some of the government-sponsored programs, however, such as VISTA, SCORE, the Peace Corps, and the Teacher Corps appeal more to the interest of older people to be of service.

From all reports[127,13,158] older people are making an excellent record as volunteers here and abroad; and, apparently there is a growing awareness where they have volunteered their services that they have considerably more potential for improving the wellbeing of those they serve than was commonly understood. As a matter of fact, during the past decade older volunteers have become as indispensible as younger volunteers who traditionally in this country have bolstered the programs and services of many social welfare agencies and organizations.

The purpose of this project is to add a community action dimension to volunteer activity by older Americans--older people serving as volunteers in their community to identify needs and to stimulate community action on behalf of older citizens generally. The prototype for this proposed project is a program which Wilma Donahue, Helen Maurice and Woodrow Hunter conducted in Grant Rapids, Michigan nearly twenty years ago in which a group of older citizens collaborated with community leaders, studied the needs of older residents and organized programs and services for the aging.[73] The success of this program is underscored by the fact that most of the programs and services which were instituted in Grand Rapids by this pioneering group of older citizens are still in existence including a local planning committee for the aging, a senior skills show, a friendly visiting program for isolated older people, a library program for older people, and a number of senior citizen social groups. Hence, given help and encouragement older people have demonstrated their ability to stimulate community action on their own behalf.

The proposed project also reflects the fact that the White House Conference on Aging has given considerable impetus to action for the aging in communities throughout the nation. Indeed, the WHCOA has designated 1973 the year of action on behalf of older Americans. Hence, this is a project to give older people a full share in implementing the recommendations of the White House Conference.

Experience in Grand Rapids teaches us that older people welcome assistance in learning volunteer community action roles. Unlike some of the volunteer roles in which they have participated community action roles are usually an entirely new experience. For that matter, relatively few volunteers of any age have engaged in the complicated process of identifying needs of people, assessing community resources, pinpointing unmet needs, mobilizing resources and finally prompting local leadership to support the development of programs.

Goals of the Project

The principal goals of the project are to give older people in concert with others in the community the opportunity to learn and practice skills required in the development of local community programs and services for older citizens, to help communities mobilize local resources for the aging and to stimulate local program development for older citizens.

The focus in this project in other words is on older people becoming active agents in community change. At the same time they cannot do the job singlehandedly. Every community has many decision-makers in matters affecting community change. Hence, a major purpose of this project is to educate the community to the needs of older people, and through participation in the project to give local community leaders the opportunity to join forces with older volunteers in the development of needed programs and services. This means, of course, that the project should involve local leaders as advisors.

The opportunity to serve with others encourages older people to perceive volunteer activity in positive terms. In a major way, therefore, this project is intended to foster advocacy by groups of older people, the members of which reinforce each other in achieving community goals.

The goals of the project are achieved by developing the program in four stages, each stage requiring approximately three months to complete:

Stage 1. Orientation of Older Volunteers. A twelve-week orientation course is conducted for approximately 25 older volunteers. This course recognizes special problems of older people and presents positive approaches to their solutions. It depends in part on the lecture method, in part on group discussion, and in part on field visits in order to study firsthand older people in various settings.

Typical programs to meet specific needs of older people in various parts of the nation are evaluated; needs in a local community are analyzed and a final effort is directed toward understanding a total integrated plan to meet the needs of older citizens.

Stage 2. Exploration of the Needs of Older People. During this stage older volunteers and community leaders join forces in exploring the needs of a specific older population. Community self-survey techniques may be used as was done in

Grand Rapids[73] or older volunteers and community leaders may be organized into panels, each panel studying a different area of need such as the need to counteract isolation among the community's older residents, the need for part-time employment, the need for leisure time activity, the need for preretirement education and so forth.

Stage 3. Community Involvement and Decision-Making for the Aging. Having surveyed the needs of older residents existing organizations and associations are given the opportunity in collaboration with the older volunteers to assess needs and develop recommendations for community action in a community-wide public forum on aging.

Stage 4. Community Action. The final stage consists of the development with assistance from the older volunteers one or more programs to meet specific needs of the older people.

Anticipated Outcomes of the Proposed Project

Increasing numbers of older people coupled with the effects of modern urban living have created problems for people as they grow older. Older people are being faced with a longer and longer period of retirement. They need to find substitute activities which will yield usefulness and purpose to living. Therefore, this project is an attempt to apply some well established educational techniques to the development of fuller opportunity for older citizens and in so doing to give older people themselves an effective leadership role in creating community change.

Education for Maturity

At the same time that education encourages older people to realize their full potential for performing socially productive roles such as community action roles it must be concerned to a much larger extent than it has been with helping older people assess their maturity and improve their skills in relating to other people. As a matter of fact an educational program designed to increase understanding of what it means to be a mature person capable of relating effectively with other people may, in the long run, contribute more than any other educational experience to the well being of older people.

In a group discussion program it should be possible to encourage older people to assess such attributes of maturity as selflessness, social expansiveness and self-determination. In regard to an assessment of selflessness or the capacity to serve one's fellow men initial efforts would be directed toward an examination of the tendency of people to become preoccupied with their own needs. Both the causes and the effects of self-preoccupation would be critically examined. Following assessment opportunities for service would be explored including service to other older people, to the sick and to children and youth. Practice in service to others would be the final goal of the program.

It appears we became committed a long time ago to the need to develop more and more clubs and activity centers for older people in order to counteract the tendency of many to become lonely and isolated. One wonders what would happen, on the other hand, were people as they grow older to possess in full measure the skill and predisposition to make satisfying social relationships or as Moreno[99] stated it to be socially expansive. Clearly, an educational program with group discussion dimensions could be devised which would encourage people to analyze themselves and their relationships with other people, to study the causes and effects of social isolation and to practice skills in social living.

In addition to selflessness and social expansiveness education for maturity should be concerned with such attributes as mental alertness, inquisitiveness, flexibility, active citizenship, self sufficiency in thought, initiative and action and the capacity to realize goals for the remaining years of one's life.

In summary, an attempt has been made in this chapter to evaluate existing preretirement educational programs for older people and in the light of new understanding of the process of aging and retirement and to suggest new directions for educators and others whose responsibility it is to enhance the well being of older Americans through education.

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172. Senator Walter F. Mondale, a member of the Special Senate Committee on Aging, has sponsored a bill titled Federal Employees Retirement Assistance Act of 1973 which provides Federal Employees with a comprehensive program of preretirement education and assistance.

CHAPTER 9

THE CHALLENGE OF LEISURE IN LATER MATURITY

Janet R. MacLean

"If the last phase of life is badly lived, distorted, disillusioned, embittered, hopeless, fearful--then it casts a shadow over all of life and one ends thinking--so this is what life has become."

For many years the plight of the aged population in the countries of the world was principally a family affair or an individual responsibility. In a three-generation household and a rural environment, the senior citizen who succeeded in accumulating an unbelievable 70 chronological years in his life-span could expect preferential social or family status, a community deference to his superior wisdom and strength, a dependence upon his experience, or a lessening of his economic burdens. Such community reciprocation for services rendered has become today a complex, if not at times impossible, responsibility which has focused dramatic attention on the acute problems of the aged in our country.

In the last 70 years, the composition of our society has undergone a revolution, which was at first gradual, then accelerated. Since 1900, the numbers of aged in the United States more than quadrupled, while the rest of the population only doubled. Social, economic, technological, and scientific developments have created changes that demand drastic adjustments in the lives of those who are over 65 years of age. As millions of people live to become aged, the concerns of this age group must become the interest and problem of the community; solutions to problems are rarely found solely through individual effort to adjust to circumstances beyond individual control.

The first half of the twentieth century in the United States saw a concerted effort toward better leisure opportunities for youth. The last half of the century may well be spent in showing like concern for the aged. The human life-span seems to be evolving into three phases of emphasis: the first devoted to basic education, the second involved with family and vocational responsibilities, and the third given to retirement. With the current predictions on drastic elongation of life expectancy in the future (some say we may be living to the age of 125), this third phase may well prove to be the largest. How we prepare for it may determine whether or not it can become "the last of life, for which the first was made."

Compulsory retirement, elongation of the expected life-span, reduction of work opportunities, loss of social status and contacts because of withdrawal from the work force, difficult housing conditions, little outlet for creative self-expression, and decreasing chances for maintaining physical and mental health have produced a large population of potentially lonely persons with a large number of leisure hours. Projections indicate that the future will increase both the numbers of the aged and their amounts of leisure. What the aged do in that leisure may help them in their social and psychological adjustments or may condemn them to an elongated period of "graveyard watching."

As America faces the obligations emanating from the rising expectations of a number of minorities, so it must meet the challenge of the over 20 million older Americans who are now faced with increasing hours of enforced leisure without having been educated to a philosophy of the dignity of leisure.

Other chapters in this book deal with the psychological, physiological, and sociological characteristics of the aged. The focus here then will be on leisure, and recreation opportunities in that leisure which, in my judgment, are as important to the business of living in the so called "Third Age" of man as is the need for food and shelter.

Recall these familiar words? "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness; it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us." Words written to describe conditions in a foreign country nearly 200 years ago become frighteningly descriptive of the present scene and particularly the certain ambivalence we find in our aged population.

Perhaps, as a recreation professional, I operate from a biased viewpoint, but I'm convinced that the challenge of leisure at every age, but particularly in the retirement years, must become one of our prime social concerns. And we need unification of effort toward palatable solutions to present problems.

In a world of diminishing work opportunities and increased leisure, in a world of decreased demands on physical activity in work or daily living, in a world of environmental complexities which tax our psychological well being, I can speak with enthusiasm about the contributions of recreation to self-realization and "the good life."

For many age groups, expenditure of leisure may ultimately condition not only the quality of life, but survival itself, in terms of psychological balance and physical well-being.

The essence of our problem in preparation for retirement age is to get individuals to realign their emphases to focus on a better life instead of a better living in a world which is still all too hung up on work as the essence of value and identification. "Workaholism" may be more degenerative than alcoholism and as hard to cure.

Leisure has played and will play a major role in our social, physical, psychological, or temporal environment. It provides a particular challenge in later maturity. The words later maturity (that's the nice way of saying old age) conjure up a variety of psychological responses in today's cybernetic world. To some, they mean life with dignity; to others, withering on the shelf. To some they mean disengagement; to others, they mean rest from years of pressures; to others they mean rust from inactivity. How an aged person in retirement feels about himself and his withdrawal from the work force depends largely upon the physical and social environment around him and his opportunities to maintain health and economic security and to find meaningful experiences in his new found leisure.

Except for one obvious alternative, aging is inevitable. Only considering that alternative already somewhat changes our attitude toward a more graceful acceptance of the phenomenon of aging. But realism must join optimism. For many aged, the glory of the golden years is a painful myth. Five million are alone, five million are bedfast, one million institutionalized, and three million functionally illiterate--factors which considerably restrict their leisure choices. Many suffer from geographic isolation; others withdraw because their poor teeth, hearing, or sight decrease their own confidence or self image; still others are immobilized in institutions, the inner city, or simply because of present inadequacies in public or private transportation systems.

But let's not stereotype. Cicero reminded us long ago, "As it is with wine, so it is with men; they do not all grow sour with age." A more recent poem is evidence of historical contributions of seniority:

> But why, you ask me, should this tale be told
> To men grown old, or who are growing old?
> Ah, it is too late! Ah, nothing is too late
> Till the tired heart shall cease to palpitate.
> Cato learned Greek at 80; Sophocles
> Wrote his grand _Oedipus_, and Simondies
> Bore off the prize verse of his compeers
> When each had numbered more than four score years.
> And Theoprastus, at four score and ten
> Had but begun his _Characters of Men_.
> Chaucer, at Woodstock, with nightingales
> At sixty wrote _The Canterbury Tales_.
> Goethe, at Weimar, toiling to the last
> Completed _Faust_ when eighty years were past.
> For age is opportunity no less
> Than youth itself, though in another dress.
> And as the evening twilight faded away
> The sky is filled with stars--invisible by day.

Modern examples are even more vivid in my mind as I recall the contributions at the last White House Conference of former Senator Margaret Church, a dynamic 80 year old; the ever present energies of grandfather John Duke Wayne; the lightning mind of Dr. Alexander Reid Martin; the three career attack on life of the late Albert Schweitzer. Advantaged, disadvantaged, rich, poor, acclaimed or forgotten, the older Americans have a common base--a considerably enlarged block of leisure and very little pre-education for either its significance or its meaningful use.

Let's take a look at the people and the problem, or as I prefer to say, the challenge. We've changed their names often--Golden Ager, Senior Citizen, Older American, Keenagers, Borrowed Timers, senior adults--but we haven't made nearly drastic enough changes in their welfare.

Much has been written about those who have entered what one author describes as the "Mild Blue Yonder." A dynamic recreator, on his 65th birthday, announced that he had now entered the _Metallic Age_, "silver in his hair, gold in his teeth, and lead in his pants." All too often the lead assumes such proportions that it makes this segment of our population all but immobile. And it is not always caused by physical disability; it builds from mental depression. For others, it provides a ballast of experience for a rough but exciting voyage on a stormy sea. Creative, meaningful opportunities in extended leisure in later maturity for the sick or the well may make the difference.

Along with health, housing, and financial security, increased leisure in old age has become one of the greatest challenges of our present society. Time is not segmented in even units. Twenty-four hours a day may be an eternity to a 75-year-old living in a work-oriented, youth-oriented world which seems to have passed him by for his double sin of being old and retired from the work force. It's not enough just to sustain life, just to provide shelter in a nursing home, just to minister to medical needs. The older American must be given opportunity to live.

Some people go to an early grave at the tender age of thirty. Others really die at thirty and aren't buried for another forty years. Proper education for and opportunities in leisure, as well as work, may help to keep people in our society from that early death and postponed burial. The world classifies human needs into two categories--those necessary for survival and those necessary for an enriched life. In the second category--an enriched life--personality development as a total human being, meaningful use of leisure has become a very real need, as basic as the need for food and shelter. Not to live, but to live as fully as possible within our physical and mental limitations at any age is the challenge of our times. Let's look at those changing times which have made leisure and its use one of the most pertinent concerns in that challenge. A new world is in the making. The Twentieth Century has thrust upon us many changes and they've made us uncomfortable. Change shakes our complacency and demands adjustment. Change itself isn't new. It's the rate of change in our lifetime that has been psychologically, sociologically, and physically disruptive. The rules of the game of life used to be fairly constant. You learned the rules, and if you played by them, you were home safe. Now, the rules are constantly dynamic, the goals are no longer static, and the environments in which the game is played are frighteningly unfamiliar. We are experiencing what Alvin Toffler has termed "future shock" which he describes as a "dizzying disorientation brought on by the premature arrival of the future." Out of that collision with the future have come the following real, if unwelcome changes:

Nature of work. A century ago, our nation devoted itself essentially to handicraft manufacturing methods of agriculture. A man sowed his seed and reaped his crop; he was his own boss. No one told him what to plow or what to plow under or when he had to stop plowing. Another took a fine piece of leather and from it created a beautiful pair of boots which someone purchased and praised him for his art. One of the greatest satisfactions in life should come from our work; work used to be the means of self-realization, fulfillment, recognition. Times have changed; for a vast body of our population, work is either unattainable because of compulsory retirement practices or because our skills aren't needed for new positions, or it is no longer rewarding in itself. For the man on the assembly line and sometimes for the professional, "off the job" hours must be the source of creative self-realization. Those opportunities for getting a bit of ourselves expressed must come in leisure in many instances, or not at all. If man loses the meaning of life, which came from his work, what takes its place? For some aged, particularly the disabled, no suitable answer has been found to that question. The "dignity of work," which politicians stress, has meaning as the essence of life for all but those compulsorily retired to balance the same political economic system.

Changing environment. In a three-generation rural household, each member of the family was needed, depending upon and being depended upon by others. For the pioneer, no one was concerned with worry about finding adventure--new challenges came daily in just eking an existence out of the soil, the forest, or the stream. No need to conjure up ideas for expression of agressive desires; no need for Air Force exercises; the pioneer was testing mental, physical, and moral fibres each day. In short, opportunities for satisfactions of basic needs to keep his physical health and his psychological integrity were made to order--new experiences and adventure, social participation, recognition in pride in achievement, response, creative experiences and finally, the security of the even rhythm of sleep and waking; night and day, work and leisure to return to work. Time meant little; actual accomplishments meant a great deal. He engaged in a kind of elemental living in which work took all of his energy and most of his time, but it rewarded him with soundness of sleep and no need for tranquilizers.

Today people still share the same kinds of psychological needs as did their forefathers. While man has changed little, the environment in which he lives has changed considerably. The Twentieth Century may be easier physically, but it's far from easy mentally. In the pushbutton era of the seventies, there is no button which is conveniently marked "relax."

Urbanization which imprisons poor and aged in a concrete jungle, depletion of natural resources, mobility which splits a family and leaves the aged isolated, decreasing demands on physical activity because of automation--all have played a part in the mental and physical health of the retiree. In many instances, the aged person even with adequate financial security finds difficulty in maintaining physical or emotional health in this "payoff" society. Teenage has often been called an emotional "No Man's Land" with youngsters half-child, half-adult, fluctuating between demands for adult roles and fear of adult responsibilities. The aged in present society have some of the same difficulties in establishing meaningful roles as they move from busy breadwinner and head of household, to lessening work demands, diminishing family and community participation, loss of the security of a daily routine, and admittance to a health care facility.

Increased leisure. Today's scientific advances have evolved a world of leisure. Children enter the work force later; adults retire at an earlier age and modern technology has significantly reduced the working hours of the interim age span which mans the labor front. Modern cybernation has provided, for the many, leisure that ancient slavery provided for the few. The people of this nation, particularly those over 65, some willingly, some unwillingly, have become part- or full-time members of the leisure class. Unfortunately, we are learning the hard way that it takes thought, skill, and practice to become a successful member of a leisure society. Throughout history, people have zealously sought leisure. But leisure brings no guarantee of Utopian happiness. This generation of aged has an abundance of leisure. Leisure is like the story of the cookie jar. When one has grown tall enough to reach the cookie jar, he has lost some of his taste for cookies. G. B. Shaw's comment aptly describes the feeling of some when he says, "A perpetual holiday is a good definition of Hell." Boredom is a Twentieth Century disease. Americans must now learn to cope with this world which their technology has created.

What foundations can be laid for more helpful leisure outlooks in the future? Predictions at every turn indicate that the coming years hold even more leisure for the aged compounded by earlier retirement and elongated life span. Can the conditions of life for the aged of the future, ill or well, be eased by better planning today than was achieved in our yesterday?

Foreseeing today the expansion of leisure for tomorrow, can we more intelligently plan for those future hours? Can we stimulate some long-range planning which will effect a more wholesome leisure environment for future generations of aged? Can we concentrate basically in three areas of responsibility and attention, though there are others?

1. If we are going to live with emotional security in later maturity in a leisure world, then we need to develop better understanding of and attitude toward leisure and recreation--in short, develop a philosophy of leisure for all ages in keeping with what we believe to be its potential value. The term "recreation" does not necessarily conjure up the same picture to all who use or hear it. To some, it connotes children at play; these people as adults feel guilty as they snatch some enjoyment. To others, it is a banner to be waved against social ills; these people feel that recreation is a cure for riots and delinquency. To some, recreation is meaningless frivolity; they are too dignified and industrious for recreation. To others, it is a charity for the underprivileged; they'll contribute money for others' quest for enrichment. To some, recreation is a reward for work, on a debt-credit basis; these people without work in retirement feel they have not earned enjoyment on a day to day basis. To still others, recreation is creative, meaningful, leisure activity of an infinite variety.

Recreation, in truth, is a basic human need. It has gained an increasing importance in today's world often as the only channel to a better quality of life. Paul Douglass' descriptive capsule captures the essence of recreation as "unhurried, pleasurable living among man's spontaneous and educated enthusiasms." The emphasis is on the people, not the activity. Such definitions are broad enough to include reading a book, hiking, planting a window garden for the shut-in, being a foster grandparent, singing around the piano, "wheelchair walking" in the yard, pitching horseshoes, engaging in political discussions, or chatting with a friend. The potential of recreation for creative, satisfying, enriched living in increased leisure, particularly for those who must be confined to one location, is limitless.

2. We need to offer opportunities to learn early in life a variety of skills, knowledges, and appreciations which will have carry-over value for the present and for future leisure pursuits. The fishing pole and the rocking chair have been over sold. We need also to teach people to discriminate between the enjoyments which enrich and those which degrade or we may have a future generation of senile delinquents.

3. We need broader opportunities--a whole cafeteria of exciting choices in a variety of settings. We need more people concerned about motivation toward enriched, meaningful leisure. And last, but not least, we need to foster better attitudes toward the aged, by society, especially youth, and by the aged themselves.

Leisure Attitudes. These three are interrelated, but are not easily accomplished. We have lived long in a society in which work and piety were synonymous, and it sometimes takes significant effort to teach older people to engage in pleasurable pursuits without a sense of guilt or a need for justification of their activity. When life itself depended upon all-day work effort of every man in the days of early Colonial life, the Puritan concept that recreation was sinful and evil was justified. The Puritan Ethic, in truth, had an economic base as well as a moral one. The good life was the work life. A good man worked hard. Idleness was sinful. The devil found work for idle hands. In the present, when leisure hours must for economic balance exceed work hours, such a concept is no longer tenable. Americans must accept the fact that leisure, and recreation in that leisure, are not only respectable but mandatory for physical health and psychological well being, and that in the work-leisure cycle, leisure complements work and is not the reward for work on a debit-credit basis. Then the aged who cannot work or are not allowed to work, may not find their leisure unbearable.

Unfortunately, a recent cartoon characterizes the typical disdain for the non-worker when its caption reads, "America is the only country in which decisions are made by the teenagers and the elderly are told to go out to play."

Psychiatrist Erich Fromm says that a society which has not learned to honor what it is committed to produce creates a restless population. We have leisure, we have elongated life spans, and therefore, have aged with leisure. How can we proceed to build a philosophy that will make the retired comfortable in their leisure? Many aged want to go back to work. If that's not economically feasible, then we have to learn as a society to worship different idols.

Education for leisure. If appetites aren't whetted and skills aren't taught early through family and school, at 65 few will be willing to try something entirely new. A partnership needs to be formed between school teachers and recreators who will inspire broad leisure choices and teach leisure skills to which the aged will return when they finally find time. We also need broader continuing education opportunities within our institutions at every level. Some of the most exciting leisure pursuits for some aged are found in language or literature classes at 78.

Program opportunities. Last, but not least, we need broader programs and better attitudes toward and by the aged themselves. People over 65 are individuals as different from each other as they may be from other groups. Society's first mistake is categorizing them into stereotypes. They represent a thirty-five year chronological age span, and obviously will not fit any one pattern any more than will the 20-55 age group. Let's start thinking of them as individuals with different physical and mental capacities, different social and economic backgrounds, different interests, different experiences--just like the rest of us--only they've been that way longer. We need to plan accordingly for people, not programs. Get rid of the stereotype--Grandma with her knitting, Grandpa with his whittling, and both with their rocking chairs beside their beds.

Many eighty-year-olds are still traveling; playing ball on the Kids and Cubs teams in St. Petersburg; running tutoring classes on college campuses; girl watching; going back to school; joining RSVP, Mature Temps, the Peace

Corps; acting as consultants; running the neighborhood bridge club; or guiding or misguiding political meetings.

Boredom for many aged is a disease. If one has few things to be tired from he finds many things to be tired of. The current tendency to create formulas has evoked the following for the retirement years: H = FS x MA x BN. Happiness in retirement equals financial security times meaningful activity times being needed. Notice that the three units are not added, they are multiplied. If any one of them becomes zero, the whole equation is reduced to nothing. The need for financial security is apparent. A starving man, an elderly person worried about tomorrow's medical or grocery bill, is not free to live. When man has no bread he worships bread and it will be hard to excite him about leisure opportunities. (Guaranteed incomes may solve that problem.) Being needed is a matter of joint partnership between the aged and society. Their own positive attitude, initiative, and desire will combine with an increased concern for opening channels of interaction by society to allow them to continue their chosen contributions and really live all their life. Meaningful activity is the province of leisure when the work years are over. Recreation has been recognized as an essential ingredient in the formula for abundant living. It has also been recognized as an important adjunct to medicine. Recreation should give opportunity to learn new interests, to renew old interests or to share talents. Recreation should provide creative outlets, opportunities for personal development, social interrelationships, links to the world outside the family home or institution, physical exercise, chances for individual pursuits of learning, aesthetic and cultural programs, and a chance for service to others.

Oscar Ewing at the 1950 Conference on Aging remarked, "This is a country where it is wonderful to be young. It must become a country where it is wonderful to be old." The key to that challenge belongs to every American, to make this country a place in which individuals can grow old, not just get old. At least one turn of that key belongs to meaningful leisure.

In an affluent, effluent-soaked, hyper-mobile, leisure-filled, work oriented, cybernated, sedentary, overpopulated nation, we need to recognize that what one does in his leisure can help at every age to achieve physical health, intellectual satisfaction, emotional contentment and true meaning in his life. But that meaning does not appear like magic. Someone must make it happen. The recreation profession has the expertise to provide a cafeteria of exciting leisure opportunities but the smorgasbord will go unsampled if societal attitudes remain tied to work as the essence of life. We must each start by selling ourselves on a different attitude toward leisure and toward old age. Start building skills and appreciations for leisure outlets which will carry over into later maturity.

An old English proverb says, "God gave us memories so that we could have roses in December." Is it possible for all of us to be, at least figuratively, still _growing_ our roses in December; still living in active, enthusiastic participation, not just in fine memories, lovely though they were? Leisure with meaning and dignity? Is it a possible dream?

The Program

Stereotypes abound concerning recreation experiences for the older American. All too often they have been relegated to bingo, kitchen bands and shuffle board. Because of our implicit and explicit work orientation, there has been a natural stress on activity "doing something," a substitute work load which must carry some societal approval. Secondly, the complexity of a rapidly moving technological world has fostered a need for experiences which can bolster self-identity, promote continued social interaction, and provide meaningful new roles for the aged.

Within his limitations, the aged person must have opportunities in leisure to make himself useful and wanted in his own eyes. Within his limitations, he must be encouraged to engage in leisure pursuits which will keep him physically active, socially involved, and mentally alert to prevent atrophy and stagnation.

Here are some basic suggestions as leisure programs are planned--regardless of the setting--in a multi-purpose center, in a nursing home, or in a Leisure World Retirement Center.

1. Plan _with_, not _for_ older people. Some of the best programs are evolved when an environment is provided in which the aged participants can take over to do the job.

2. The program should be diversified, not only in kinds of activity, but in degree of proficiency needed for participation. The current tendency to program en masse with the hymn singing, the bingo night, or the grandchildren party should be abolished. These are individuals. Their social, economic, and educational backgrounds differ as Medicare and Medicaid put a variety of classes into one nursing home, or the availability of only one center becomes the focal point for several different social or economic classes.

The empathy that many of the aged need can't be achieved on a mass basis. Programs need to run the gamut, in any setting, from classes, informal activities, and clubs, to large special events. Opportunities must include a variety from cultural arts to social, physical, and intellectual activities. The homebound who are not institutionalized must be contacted and served as well as the spry sailors and square dancers who freely travel to the leisure setting. Programs must be available on a vertical as well as horizontal age basis, which integrate the aged with as well as isolate them from other age groups. Here, too, we have a matter of taste. Some senior citizens share the philosophy that they prefer to be with their peers. "There is nothing that makes you feel young like being with young people. There is nothing that makes you feel quite so old as trying to keep up with them." Others express just as strong feelings that they don't want to get classed with those "old fuddy-duddies."

Continuums of proficiency must serve the accomplished musician, craftsman, or poet along with the novice. Too often we serve only the end of the continuums with the polarization of a choice between elementary shepherd pipe or full scale symphony. There ought to be opportunities for several degrees of proficiency--a chance to begin, to progress, and to master the more difficult skills outlets with regard to arts and crafts, drama, music, or sports.

Variety is still the spice of life, even at 80. Too many succumb to a routine. There's a fine line between enough routine for security and too much for boredom. Inventories of interest may be helpful in getting ideas, but they provide only a beginning. New opportunities must be stimulated. Recreation horizons need to be broadened. The aged cannot request a leisure choice to which they have never been introduced.

3. The regular mass media are not tremendously effective in contacting the aged population. It's not easy to find them unless they are institutionalized. Mother loses her husband and comes to daughter. It may be months before her name shows up on any community roster. Personal contact is most effective.

4. A hierarchy of values in recreation programs must be avoided. Football watching and be just as rewarding as visiting the poor at different times and for different reasons. Being the best apple pie baker in the community is still a worthy piece of recreative Americanism. Cooking by the ambulatory patients is a program area hardly touched by nursing homes.

5. There is a need to find some practical outlet for products involved in programs. Elderly women in the Evansville, Indiana program elicit kudos from the conference participants who eat their lunches at the Center. Food is an excellent program activity. The elderly lady whose family has gone may find her greatest satisfaction in showing off her culinary arts by staging suppers for her own or another age group.

6. Talents should be discovered and used. The retired carpenter can work with the craft groups; the music teacher can provide knowledge and inspiration for aspiring musicians; the seamstress can help with the costuming for the community theater. Set up a clearing house for talents incorporated, oldsters who would like to serve with whatever offering they have. Retired businessmen in Connecticut formed a club to help young men who were starting new businesses.

7. Being important counts. Allow for ample recognition of contribution of the aged via newspapers, personal notes, publicity, or simply that rewarding "thank you" sincerely stated.

8. Make sure that facilities are accessible. This may mean ramps for wheelchairs, fewer steps, handrails, and the like. Ventilation is always important, but the aged adjust less readily to heat and cold and suffer from drafts.

9. Timing plays an important part. Time of day, pacing of activities, and time for chatting are important. Programs which operate on a once a month or even once a week basis are ignoring the fact that some aged, and

particularly the institutionalized aged, have all day every day at their disposal. Programs should be available particularly in the morning and afternoon, but evenings are lonely times, too.

10. Quality leadership is necessary. There are those who would state emphatically that only the old should attempt to lead the old; others are as enthusiastic in their belief that young faces are best to stimulate programs with the aged. The person of any age who works with the aged, plans with the group, and possesses skills and understandings of both people and program ideas will find the experience a most rewarding one. More recreation curriculums are now offering courses with focus on the leisure needs of older Americans. Competent professionals are emerging who have, not only skill in administration of recreation programs and facilities, but also the awareness of physiological, psychological, and sociological factors which either stimulate toward or deter the senior citizen from meaningful, creative, satisfying recreation outlets.

11. Transportation is frequently a problem. Pairing an elderly person in need of transportation with a volunteer who is willing to give the appropriate time per week has been successful in forming continuity and mutual commitment. In large cities, safety of the elderly from criminal attack is of great concern in evening programs.

12. Leisure opportunities should be available in the following general categories. These are only sample ideas and are not meant to be inclusive.

a. Service recreation. This area is placed first for emphasis. Programs which allow the elderly to serve others even from a nursing home bed provide a sense of being needed, and are a king of re-establishment of communication.

Line Alone Alert calling system
Gift wrapping service
Knitting and sewing for welfare families
Volunteering at child care centers
Travel lectures for service clubs
Story telling on playground or at library
Letter writing for bedfast patients
Cancer Conversation. In one city, the elderly who have survived a bout with cancer talk with those who have just received confirmation that they are affected with cancer.

Tutoring of children with learning disabilities

b. Educational, Mental, Linguistic

Play Reading Clubs

Political seminars

Taped TV and radio shows

Voting machine use programs

Pre-retirement counseling

How to meet death seminars

c. Outdoor Recreation

Senior citizen camps

Walking tours

Gardening in a community plot--flowers or vegetables

Campfire festivals

Canoeing and sailing

Weather stations

d. Arts and Crafts from knitting to ceramics, upholstery, or cabinet making

e. Music and Drama

Old Record Club

Concerts under the stars in park

Jug bands and kitchen concerts

Any piano and a hymn book

Theater clubs--reduced prices

f. Travel - bus, train, or plane trips

g. Social Activities - parties, potlucks, board games, cards, dancing to old time taffy pulls

h. Sports - the gamut from horseshoes to Kids and Cubs baseball

i. Special Events - the extravaganzas, the frosting on the cake, from the San Diego Fashion Show to the Golden Age Parade

j. Drop-in Activities - the rest stop, puzzles, chess, checkers, coffee, conversation.

Recreation experiences, at any age, can be the means for maintaining physical health through stimulating, enjoyable activity; for providing outlets for creative self-expression sometimes denied in the world of technology; for inter-relating with people inaccessible in reduced work relationships; for effecting a change of pace or focus for those whose lives may be routine; for relaxation and relief from tension or boredom; for providing an environment in which aesthetic and spiritual inspiration may evolve; for maintaining mental and emotional balance in a complex society. For the aged, wholesome recreation in increased leisure means a chance to maintain physical strength and mental acuity, not degenerate; a chance to regain social communion, not isolation.

But society must provide leadership and settings for such opportunities. The multi-purpose center is one of those settings.

The Setting

For many years, the emphasis in indoor municipal recreation services focused on community centers for youth. In the last ten years, increasing efforts have been made for initiating visible focal points for services to the elderly. These efforts, sponsored by religious organizations and by social agencies, in addition to municipally funded recreation departments have ranged from a church basement allotted to senior activities on a "once a month" basis to full scale, full time multi-purpose Centers for Older Americans and Leisure World retirement centers.

The Older Americans Act made possible the emergence of multi-purpose Centers as central locations for education, recreation, social welfare and referral services both for and by the community's elder citizens. Some 1,500 such centers are now serving the concerns of older Americans.

Objectives. The range of objectives and services varies with the size of the facility and numbers of staff. Common objectives include:

Coordination of existing leisure opportunities and stimulation and extension of constructive services to and by the elderly citizens.

Development and demonstration of approaches, methods, and programming which will add opportunities for meaningful activity within the widest range of civic, cultural, and recreational experiences.

Provision of identifiable location to which the older Americans can come for information and help for a variety of services.

Dissemination of pertinent information to the elderly concerning available community services.

Provision of an orientation to understanding of practical professional experience with the elderly for students whose professional careers will necessitate contact with older citizens (social service, recreation, law, home economics, health).

Provision of a laboratory for pilot studies or research projects dealing with the problems of the aged.

Provision of workshops and other in-service programs for those now working with older citizens on a paid or volunteer basis (i.e., nursing home personnel, senior citizen clubs, CAP).

Provision of means for providing better nutrition for isolated aged.

Provision of public relations programs to alert the community to not only the concerns of the aged but their positive potential for contributions to community welfare.

The major aim is the attempt to give dignity and meaning to the extended leisure of the aged.

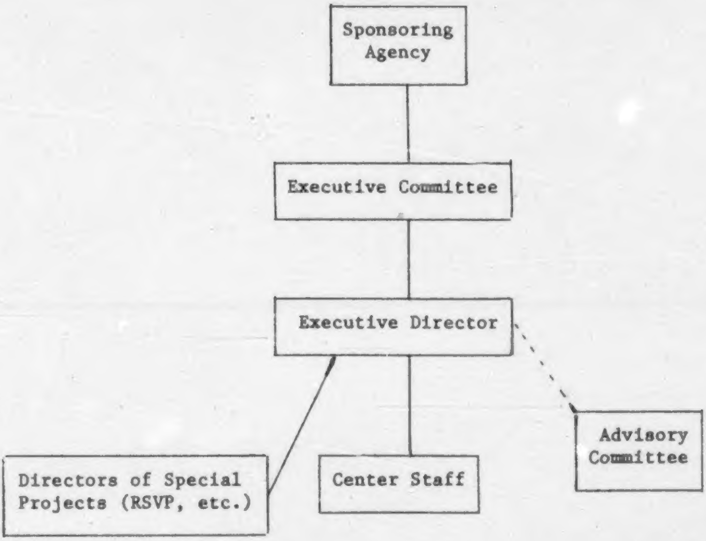
Program. The program continuum allows for a gamut of opportunity:

Referral and information on employment, health problems (i.e., eye care clinics), personal counseling, finance, social security benefits, etc.

On-site programs for "drop in" activities (coffee and conversation, cards or checkers); parties and special events; clinics; classes in arts and crafts, dance, or physical fitness; clubs for reading, sports, play going, or neighborhood interaction; service projects for others' welfare; pre-retirement information projects; food and nutrition; legal and protective services.

Off-site programs include meals on wheels, library service, homemaking aid, transportation, and visitation.

Organization. The most frequent organizational pattern is indicated in the following chart.


Sponsoring Agency
Executive Committee
Executive Director
Advisory Committee
Directors of Special Projects (RSVP, etc.)
Center Staff

The Advisory Committee is composed of professionals who can be a liaison for implementation or initiation of services for the Center plus representatives from the older citizens themselves.

The Center staff usually is committed to employing elderly citizens in some phases of Center operation.

The multi-purpose Center, centrally located for the community which it purports to serve, has provided a focus, a needed information center for the elderly who sometimes lose the will or energy to pursue the quest for answers to their concerns if shunted from agency to agency. It has also provided a setting in which the aged can serve and be served, an open avenue to re-entrance for some into the mainstream of community life as needed, contributing members of their society.

The multi-purpose Center is, by no means, the only setting through which senior citizens should be accommodated. For the ill aged, nursing homes can and must provide leisure opportunities which will help maintain mental and physical health. Fraternal organizations, service clubs, and other civic organizations must recognize and use the expertise of the aged for mutual contribution. Settings and channels will provide a means of integration within the capacities and the desires of older Americans so that the "last of life" can truly become a fulfilling, rewarding denouement both for the individual and for society.

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PART V

PREPARATION FOR CRITICAL PHASES OF LIFE IN AGING

CHAPTER 10

THE ROLE OF COMMUNITY HEALTH SERVICES IN EDUCATION FOR AGING

Muriel Bliss Wilbur

Community health services play a vital role in education for aging. They attempt to teach the elderly about health maintenance, good personal health practices, the value of preventive medicine, when to seek health care and the sources of this health care.

Health of the Elderly

Health of the elderly varies tremendously among the various members of that group. A retired professor in his eighties swims a quarter of a mile each day. Others much younger have difficulty in even walking, and some are confined to a wheelchair or bed. Some have the strength of their youth; others are weak and need assistance. Some have a chronic illness that has incapacitated them; others seem to be as healthy as they were twenty or thirty years ago. Some have been confined to a mental institution for many years; others are doing brilliant, innovative work of a deep intellectual nature.

Dr. Howard A. Rusk, a recognized medical, health and rehabilitation authority, has written:

> It has long been recognized that age is physiological and not chronological. Some people are old at 50 and others are young at 80. One's ability or disability cannot be measured by the calendar.....
>
> Old age has never been a barrier to creative individuals. At 84, Clara Barton founded the American Red Cross. Tennyson was 83 when he wrote "Crossing the Bar." At 89 Michelangelo painted some of his greatest masterpieces. Verdi composed his "Te Deum" at 85. Viscount Bryce was past 80 when his two-volume "Modern Democracies" was published. During his introduction to the Harvard student body, the chairman commented that "Whenever Mr. Bryce might happen to die, he would die young."
>
> One of the finest examples that age is physiological and not chronological is Sir Winston Churchill. He broke all the rules of health

> maintenance--smoked cigars like a chimney, drank champagne and brandy like water, kept irregular hours, was always overweight, worked under terrible tension--and still lived to the ripe age of 91. If he had retired at the age of 65, the Battle of Britain would have been fought without him.[1]

In referring to the elderly, Randall has said:

> Years plus the events of our lives together make us what we are--for each of us is the "sum of his days"--and it takes more than "years alone" to make us what we are....We, having been born unique, become through our lifetime more and more unique, making us a group of the most individualistic people there are...[2]

One general statement that can be made about the health of the elderly is that society as a whole believes that poor health is a part of becoming old. Since the general population feels this way about the health of the elderly, it follows that as a person reaches the age of 65 and is termed aged or elderly for statistical and other reasons, he is apt to feel that he must then assume the characteristics of the elderly. One of these is deterioration of his health.

In addition, if the individual who has reached the age of 65 compares his health with what it was in his teens or even at 35 or 40, he may feel that he is in poor health. As Loether has stated,

> State of health is a relative matter. A significant factor in the evaluation of one's health is the reference group with which one compares oneself. The person who compares himself with his own age group, or with those older than himself, may consider himself relatively healthy even though his health actually may be impaired. On the other hand, the person who compares himself with younger people may see himself as being in poor health even though he is, in fact, relatively healthy.[3]

In a national survey of the health of persons age 65 and over, Shanas found that 46 per cent of those surveyed felt that they were in good health, 44 per cent felt that they were in poor health, although they were still able to perform the activities of daily living. Only 10 per cent of the group regarded themselves as being very sick.[4]

It is generally agreed that the incidence of chronic and degenerative diseases is greater among the elderly. This has become increasingly true in recent years. The increase in life expectancy is due primarily to the medical and sanitary advances that have conquered many of the infectious diseases, those that strike people of all ages. This has led to an increase in the incidence of chronic diseases such as arthritis, heart disease and cancer--conditions that affect primarily the elderly.

In addition to chronic illness, the elderly are also more likely to have decreased or impaired vision or hearing. Accidents are also a health problem for the elderly. As many as 25 per cent of the members of the older age group are reported to have an accident each year. Two-thirds of these accidents occur in the home.[5] Some of these accidents are relatively minor; others are serious, causing broken bones and involving long periods of nursing care or hospitalization.

In summary, it can be said that the health of the elderly varies tremendously among the members of the group, but that in general it is not as good as that of the rest of the population. It presents problems for both the elderly and to the rest of the population. These problems include the provision of care, financing of the care and the prevention of unnecessary illnesses and premature deterioration.

Loether states that

> ...many of the health problems plaguing older persons could be avoided or alleviated. The difficulty arises from the fact that many older people do not get proper medical treatment. They often avoid going to physicians until it is too late...The regular medical checkup is not yet an accepted practice in our society, particularly among older people who are most in need of it. Then, too, people avoid going to physicians because they fear that some illness of which they are unaware will be discovered.
>
> Older persons frequently attempt to treat themselves with patent medicines or folk remedies rather than to go to a physician...Quite often old people simply cannot afford medical help. Or, even if free medical help is available, the needy person may be too proud to accept charity, or the cost of transportation may be more than he can afford. Unfortunately, there is an inverse relationship between income and incidence of chronic illness....The health problems of some older persons stem from the fact that they do not eat properly. They are intrigued by food fads, they have poor eating habits, they do not bother to eat regularly, or they cannot afford to eat regularly and properly. Proper nutrition could be the solution to many of the health problems experienced by old people.[6]

Need for Health Services

Since the health of the elderly is not as good as that of the rest of the population, and since both the number of the elderly and the proportion of the population in the over-65 age group can be expected to increase, the health of the elderly presents an even greater problem and challenge to society.

To meet this problem and challenge, existing services have begun to direct an increasing amount of their efforts to maintaining and improving the health of the elderly and new services have been designed to fill new needs. In addition, the health services are also attempting to help members of the younger age groups to maintain and preserve their health, both by health maintenance programs and routine medical examinations, participation in screening programs, and a better knowledge of health care.

Many community health services have been designed primarily for the elderly or for problems that affect principally the older population. The Public Health Service program, "Strike Back at Stroke," concentrated on a condition that affects the elderly almost entirely. Later, after heart, cancer and stroke had been shown to be the leading causes of death, the Regional Medical Programs were developed by the Department of Health, Education and Welfare to stimulate, finance, supervise and evaluate heart, cancer and stroke programs. These programs included many elderly people among the recipients of their activities since these conditions are found most commonly in members of the older age group.

Not only federal programs, but also many state and local programs are designed primarily for the elderly, or to prevent conditions that affect primarily those in the later years of life. Such programs include screening programs for glaucoma, oral cancer and coronary risk.

Today's community health services are planned to meet the needs of our changing population. With the concentration of the population at the early and later years of life, the health problems of the individual, the family and the community have changed in recent years, and the types of health services available in the community have changed accordingly.

Community health services have now been developed to protect and promote the health of all the citizens. These services are designed to keep people healthier, prevent unnecessary illnesses and suffering, and to increase the life expectancy of the general population.

> During recent decades in the United States, our health situation has altered enormously. No longer do we recall past events as occurring in the year that "Aunt Susie had typhoid fever," or the one when "little Joe died of diphtheria." Long past is the time when our major health problems could be solved for us by an edict of the city fathers to purify the town water supply or to require that milk be pastuerized. These were "big" decisions made by a few far-sighted and courageous people for the benefit of the whole community.
>
> We go on enjoying the dividends of these "big" decisions made for us in past years. Aunt Susie has no typhoid fever, and little Joe lives to become a venerable grandfather. Unfortunately, we still have health problems, even though they are now chronic instead of acute. Now, instead of the "big" community decisions of the past, we have mostly "small" personal and family decisions to make for ourselves. They cannot be delegated to others. We ourselves must decide when some indication of illness which may appear should alert us to the need for prompt expert advice which may lead to early diagnosis and make prompt treatment possible. If our physician or dentist advises a dietary regimen as important to our future health, we must make daily decisions to eat the proper foods and to avoid those that may be harmful. Even though we feel quite well, we must decide to take out sickness insurance. And we must have the determination to keep on paying the premium even though our health continues, and even though our friend who may be ill seems to be reaping the benefits of the insurance for which we are paying.[7]

To meet the needs so clearly painted by Dr. Leavell, a large gamut of community health services are available today. Services have been modified and augmented to meet new health needs. As the composition of the population has changed, and the percentage of the elderly has increased, chronic illness and disability have emerged as the primary public health problems. The major effort of health workers is now devoted to the prevention and control of conditions that produce disability or chronic disease.

What the Community Health Services Are

For the average person, "community health services" probably connotes his physician and dentist, the local hospital, its clinics, and perhaps the public health nurse. Health insurance, Medicare and Medicaid, and Blue Cross and Blue Shield have also become more familiar terms in recent years as the financing of our health services has changed. In addition, an increasing number of people have served as canvassers for one of the voluntary health agencies or the United Fund, and are somewhat acquainted with the services that they perform.

But few people, outside of those working in the health field or in related activities, are fully aware of the many community health services available today, and the multitude of functions that these agencies perform. Consequently information and referral agencies have been developed to inform people of the services that are available, and to guide them to the proper agency or service in time of need.

Community health services today embrace a complex variety of agencies that have been developed to protect and promote the health of the citizens and to meet their many health needs. These include both voluntary and official health agencies on the local, state, national and international levels.

The local health department, be it city or county, has the responsibility for the health of the local area. This responsibility is delegated to it by the sovereign state through the state constitution and the various acts of the legislature. A board of health or health council, or a health officer, or both, are appointed by the mayor, board of selectmen, or county board of supervisors. In turn, the health officer employs the necessary personnel, including sanitarians, nurses, physicians, health educator, and clerical staff.

In addition, each state has its public health department and frequently other health services as well, such as a mental health department, a department for rehabilitation, and a commission for the blind. In the Federal Government, there is the Department of Health, Education, and Welfare. Other Federal agencies, such as the Administration of Aging and the Social Security Administration, perform or finance certain health services. The World Health Organization has been established to promote and protect health on the international level.

All of the above are official agencies which are organized, administered, and supported financially by some level of government, through funds received from taxes. These official agencies are also responsible for the enforcement of the health laws.

In addition, and working closely with them, are the voluntary health agencies. Each of these has been organized voluntarily by a group of people to meet a specific purpose. The voluntary health agencies also have local, state, national, and international levels.

Among the voluntary health agencies are the Heart Association, Cancer Society, Mental Health Association, Society for the Prevention of Blindness, the Lung Associations (formerly known as the Tuberculosis and Respiratory Disease Associations), and also organizations concerned with epilepsy, diabetes, arthritis and rheumatism, and speech and hearing.

For the most part, the voluntary health agencies receive their funds from voluntary contributions. They encourage, stimulate, and supplement the official agencies in meeting the health needs of the community.

At times there are exceptions to the above differentiation between the two types of agencies. The official agency may be able to add a new service only when a voluntary agency pays the necessary salary to demonstrate the value of a position. On the other hand, voluntary health agencies sometimes receive grants from official agencies or are paid by them for rendering a specific service.

Both voluntary and official agencies have paid professional and clerical staffs. The professional staffs of the two types of agencies usually work closely together and try to supplement and complement each other's efforts.

One of the major purposes of most voluntary health agencies is education. This is true primarily because most of them are disease oriented; they are organized to develop programs to prevent and control a specific disease such as heart disease or a condition such as blindness.

In addition to the official and voluntary health agencies described above, there are many other health agencies that provide services to the elderly. Among these are hospitals, both acute and chronic; long-term care facilities, such as nursing homes, and convalescent and retirement homes, and homes for the aging; health maintenance organizations; clinics; neighborhood health centers; home health agencies; and comprehensive health planning councils. Closely related and working in cooperation with these health agencies are councils on aging, senior citizen centers, housing projects for the elderly, minibus programs to provide intracommunity transportation, and Fish or Starfish.

It should also be noted that many of these programs could not operate without the cooperation and assistance of the churches and synagogues, the schools and colleges, the many cooperating clubs, as well as the professional members and organizations of the community. Many of these provide some or all of the manpower that make the services function.

All of these agencies work together to provide the necessary health services and to meet the health needs of the community. As the health problems have changed from communicable disease and sanitation to chronic illnesses, so have the means of meeting them. No longer do legislative measures such as quarantine and isolation, sanitation of food and water, and proper disposal of sewage suffice to control our health problems. Today's major health problems--chronic disease and disability--require the individual to take the initiative and responsibility for seeking medical attention when it is needed, and to follow the advice that is given. The individual must make the decisions about his health.

Change of Emphasis of Community Health Services

At the same time, the emphasis of the work of the community health services has changed. Their major efforts today are devoted to interesting people in and teaching them about maintaining their health. Their aim is to motivate the individuals to assume the responsibility for their own health.

Consequently the activities of the professional staff members have changed from doing things for people to interesting them to take the initiative to meet the modern health problems. Education has become a major task and the primary purpose of the professional members of the health team as is illustrated by the following examples.

The health officer gives leadership not only to his staff, but often serves as a member of groups such as the council on aging, the local citizens committee on health, the voluntary health agencies, the public health nursing agency, and the information and referral service. This kind of participation allows him to guide such groups to be most effective in improving the health of the community, while giving him an opportunity to coordinate their efforts with those of his department.

The public health nurse is no longer devoting most of her time to the control of communicable diseases. Instead she is trying to help meet the needs of the elderly. The public health nurse still provides part-time nursing care in the home when it is needed, but when the family physician asks her to give a daily bath to a stroke patient, she involves a member of the family if possible. She also involves the patient in the process, and shows him how he can do some things for himself. In this way, the patient and the family gradually assume increasing responsibility for the care of the patient, resulting in his assuming the tasks of daily living much sooner. Consequently, the nurse is able to devote more of her time to other patients. The public health nurse today not only does bedside nursing, but also spends considerable time in consultations with individuals in her office, in senior housing projects, at hot lunch programs for the elderly, or at the community hospital.

The practicing physician and dentist also devote a great deal of their time telling people how they can maintain their health and ways they can improve it. They encourage their patients to have regular examinations, to follow good health practices, and to participate in community health activities. Often they volunteer their services for screening programs, serving as a board member of a voluntary health agency or on committees of their professional organizations, and by giving talks to local groups.

All of these people--the health officer, the public health nurse, the physician and the dentist--as well as many other health workers, including therapists, dental hygienists, health educators, hospital administrators, and social workers, are using educational methods to try to improve the health of the people of the community by promoting better health practices. In addition to individual consultations, they give talks, participate in group discussions, distribute literature, and show pertinent health films.

Guided by the various community health services, and using their resources and aids, these professional workers are trying to help people help themselves in maintaining and improving their health habits and health status.

Some of these people are employed by a community health service. Others, such as the practicing physician and the dentist, turn to the community health services for necessary tools, including films, slides and pamphlets. Community health services provide them with assistance in planning their educational programs. Various disease-oriented voluntary health agencies have developed some excellent outlines of talks with slides and movies; pamphlets for the members of the audience to take home; frequently furnish a projectionist and projector so that the speaker does not have to worry about this; and will take care of the meeting room, develop a news release if it is indicated, and take care of any other details.

Prevention and control of the conditions that produce chronic illness and disability now occupy the major efforts of the community health services. Their hope is to help prevent unnecessary or premature disability by prompt diagnosis and adequate treatment of the causitive conditions.

Need of the Elderly for Education about Health

Since many of the health problems of the elderly could be eliminated or postponed by prompt and proper medical care, by avoiding patent medicines and food fads and by better health habits, the community health services are trying to educate the elderly in such matters. Such education needs to take into account heterogeneity of the elderly.

Even the people in the age group between 65 and 74, whose health is more like that of the 45-64 age group than that of the 75 and over group, have their health problems. One of the main ones is health maintenance after retirement, when there is lacking the stimulation and motivation that comes from having to be well enough to be at work every day. They no longer have the advantage of participating in the health maintenance programs which many businesses and industries conduct or sponsor for their employees.

In addition, too few of them have had the advantage of a good program in preparation for retirement, such as Hunter has described so well.[8] They do not know how to use their leisure time effectively, they are apt to develop poor eating habits, and they fail to get enough exercise. They also tend to postpone or neglect medical care. There are probably several reasons for this. Few of them already have been accustomed to a regular health check-up. The cost of the medical care comes at a time when the average income has been cut in half. To avoid the expense of a visit to the physician, they postpone or do not get the needed medical care until it is too late to be effective; many lack the knowledge about the need for medical care until a serious condition has developed. Many of them are not accustomed to the use of a physician except in an emergency. The elderly also fear what the physician may discover. Transportation may be difficult. There is often an unwillingness to accept charity because of pride.

Adequate health maintenance could doubtless help the elderly avoid much of their ill or poor health. Smith has emphasized the maintenance of wellness among the aged rather than health maintenance.

> Wellness must be kept in mind when considering the health status of the aged. About 96 per cent of the persons over the age of 65 are not institutionalized. Our ideas of health of aged must not be based on the small number of sick or institutionalized older people, but on the majority of the elderly who are still actively functioning within the community. Most of our older people are not sick, and our challenge is to keep these people well to the limit of our present scientific knowledge.
>
> Preventive care, or health maintenance, calls for no less a comprehensive approach than does therapeutic care. One might say that the necessity for therapeutic care could be the result of deficits in preventive care. This is not meant to imply that all diseases and their accompanying illnesses can be prevented, but we know that early detection of chronic disease, followed by prompt and proper care, can prevent, postpone, or minimize many of the disabling effects of these diseases. Utilization of periodic health appraisal, supplemented by counseling and referral, can be viewed as the potent weapons in health protection and maintenance of wellness.[9]

Educating the Elderly about Health

To improve the health of the elderly, the elderly must be educated. They must be taught many things about health--that it can be maintained, how it can be maintained, the fact that they must take much of the responsibility for its maintenance, when and how to seek help, and how to get the necessary finances if they do not have them.

Educating the elderly of today is not easy. They are the group with the poorest education, the lowest income, the least acquaintance with proper health practices, and the most vulnerability to food fads and health frauds.

The community health services are making every effort to help those who are presently in this group to have as good health as possible, and to maintain it for as long a time as possible, by offering the elderly the necessary services, by trying to help them assume as much of the responsibility for their health as possible, and by constant use of the various educational techniques.

To add to the difficulties, staying in communication with them is not easy. They are not attending school, most of them are not part of a work group, and they tend to be socially isolated. However, many older adults belong to a group or an organization such as the Golden Age Club, a senior citizens group, or the local chapter of the American Association of Retired Persons, or the National Association of Retired Teachers. Others live in senior housing projects. Many attend their church or synagogue regularly, and perhaps belong to a special organization which it sponsors. Through these groups lectures, films and literature can be distributed to the elderly.

Health services can also be educational. A good meals-on-wheels program not only provides a good, appetizing and nutritious meal for the individual at a price that he can afford to pay, but the program also makes every effort to see that he eats the meal. It also offers an opportunity to check on the individual and see that everything is going well. The best food available, delivered with loving care and at personal sacrifice by both the volunteer driver and the deliverer, will not benefit the client unless he is well and unless he eats the food.

For many of these people, the person bringing the meal is the only contact he has that day with the outside world. One person, delivering a meal for the first time to an elderly lady living alone, was surprised when the lady came to the door, all dressed up including gloves and hat. The volunteer, thinking that the lady was about to go out, said, "Oh, I won't leave your meal since you are going out. Shall I come tomorrow?" In horror the lady of the house said, "I am not going out. I dressed up for you. I have been looking forward to seeing you ever since the public health nurse made the arrangements, and told me that you would be bringing my dinner to me today." Obviously this was the high point of this lady's day, and the only visitor that she would probably have.

This situation is not unusual and demonstrates the opportunity for education that the deliverer of the meals has. It is a difficult task, however, to try to encourage the resident, check on his health and well-being, and still not take so much time that the other meals will be cool before they are delivered to the rest of the people on ths list. Consequently, most meals-on-wheels programs have tried to secure enough drivers and deliverers so that at least a few minutes can be spent with those recipients who wish it. This has necessitated the use of more volunteers and station wagons, but has led to greater satisfaction on the part of the recipients.

Screening programs of various types have proven effective in some communities. The Lions Clubs have worked cooperatively with health departments in conducting the glaucoma clinics. Since glaucoma is now the second largest cause of blindness, and can be treated successfully if it is discovered in time, this is a particularly useful service. A simple test that takes just a few minutes can indicate the possibility of the condition. Those showing such results are referred to their ophthalmologist or an eye clinic for further study. The early symptoms of oral cancer can also be discovered by a screening test, and those with suspicious symptoms referred to their dentist. In one community, screening clinics for both glaucoma and oral cancer are conducted by the health department each spring and fall. The health department furnishes the space and equipment, and pays for the services of two resident ophthalmologists. The ophthalmologist in charge donates his services; the public health nursing agency supplies the nursing personnel; the local dental society members volunteer their time to man the oral cancer program with the help of student dental hygienists; members of the Golden Age Club and other volunteers register the people and guide them through the various steps in the program. It takes the average person about twenty minutes to go through the program.

Coronary risk screening programs are also being conducted, usually by health departments. The majority of those participating in the programs are in the older age bracket.

In all of the above programs, education plays a major role. Publicity about the programs has been shown to stimulate many people to go to their own physician or dentist for an examination. In addition, educational materials are circulated during the short waiting period; the professional workers try to explain the importance of having the tests repeated periodically, and "a year has passed" cards are mailed to those who have gone through some screening program. People moving from the community sometimes ask to have their records mailed to a professional person in their new location.

Multiphasic screening programs have also been developed in some cases.

Health maintenance organizations, which are growing in importance, have

> ...a strong financial incentive for better preventive care and for greater efficiency.... Under this arrangement, (a fixed price contract for comprehensive care) income grows not with the number of days a person is sick but with the number of days he is well. HMO's therefore have a strong financial interest in preventing illness, or, failing that, in treating it in its early stages, promoting a thorough recovery, and preventing any reoccurrence. Like doctors in ancient China, they are paid to keep their clients healthy. For them, economic interests work to reinforce their professional interests.[10]

It can therefore be expected that there will be an increasing emphasis by HMO's on the use of education to show their participants how to keep well. The Health Insurance Plan of New York has had a well-qualified health educator as a member of its staff for many years. Other health maintenance organizations, it is hoped, will follow suit.

The hospitals are also playing a greater role in education. In 1964 the American Hospital Association sponsored a conference on Health Education in the Hospital. The participants in that conference stated that "the goal of education in the hospital setting is one of assisting the patient and responsible family members to assume and exercise responsibility for the changed way of life that illness may demand so that fullest rehabilitation may result."

An increasing number of hospitals are adding trained health educators to their staffs. These people are working primarily with the various staff members, showing them how educational techniques can help them serve their patients better. They also try to improve the staff libraries, and work with the public relations department in the development of the various materials.

Homemaker and home-health aide services place a major emphasis on education. A homemaker or home-health aide works under the direction of a social worker or public health nurse. She has been trained in such areas as personal care, nutrition, home management, safety in the home, personal health and grooming, and understanding the ill and the elderly. Since her time is not as limited as that of the social worker or the nurse, she is usually able to be with the older person for a longer period and has more opportunity to give advice. Her role is both to give practical assistance and to show the patient how he can eventually take care of himself.

Conclusion

In 1939, Hiscock wrote: "Public health education, if it is to achieve maximum results, must be the concern and responsibility of all members of all the staffs of all the health organizations in the community, each contributing wherever it can through its personal contacts and services."[12]

If the health education needs of today are to be met by the various community health services, and particularly if these efforts are to be successful in education for the elderly, Hiscock's statement is still true. But it presents an even greater challenge than in 1939 because there are so many more people now in the community health services. Each of these people must feel the need for health education, realize what his role is in providing it, be stimulated to perform his part, and contribute his personal contacts and services.

The elderly need to be made aware of the existence and availability of the community health services, what these services provide, how they can use them, and when to call upon them. Since the major health problems of the elderly are chronic illness and disability, the individual must take much of the responsibility for his health; the community health services can not do all the necessary things for them to protect and preserve their health.

Consequently health education has assumed a continually increasing importance as a means of teaching and stimulating individuals to do things for themselves. Community health services utilize health education to help the elderly learn the necessary facts, make a decision to act, and take the indicated action.

Since many chronic conditions start insidiously, education necessarily assumes an even greater role in the programs of community health services. The first signs of illness are often apparent to the individual, unless they are detected through some kind of an examination or screening program. Continuing educational programs must be conducted for the individual to be aware of the importance of early symptoms, and to encourage and stimulate the individual to continue treatment, to follow the physician's orders, and to participate in rehabilitation when needed.

Hiscock also prophesied the problems of today, when he wrote that the health educator, when he comes to "the hygiene of maturity..., must prepare himself well, must make cautious exploratory attempts, and must study what others are doing, for this is the field where he will eventually concentrate most of his efforts. We are an aging population."[13]

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CHAPTER 11

EDUCATION FOR PHYSICAL FITNESS IN THE LATER YEARS

Herbert A. deVries

As an exercise physiologist I am concerned with two major aspects having to do with the physical fitness of our older adults. First, I am concerned with the immediate problem--improving the fitness level of the current generation of older adults. Secondly, I am concerned with the long term problem of how do we educate our young so that they will be both motivated and knowledgeable regarding the maintenance of physical fitness throughout a lifetime with all the important health benefits that this would entail?

When an educator thinks of a program to be offered for voluntary participation, one of the first concerns must be the question of motivation. In the present discussion, the question becomes: what kind of drives are likely to be important in influencing the older individual to participate in a physical fitness program? In a national adult physical fitness survey,[24] which involved interviews with 3,875 men and women aged 22 years and over, it was found that the major reason for exercising was concern about health. However, there were sex differences in the responses in that men are somewhat more likely than women to exercise for health reasons, or because they enjoy it, while women are twice as likely to exercise to lose weight. Interestingly, 45 per cent of our adult population do not engage at all in physical activity for the purpose of exercise and many of the remainder probably do not get enough to assure physical fitness. This is not a very happy commentary on the motivation we have provided in our physical education classes in the public schools. Perhaps we have been too much concerned with teaching sports activities such as baseball, football and basketball--games adults find impractical. Possibly the results of such a survey would be more satisfying, had we assured ourselves of the involvement of each boy and girl in at least one individual type sporting activity in high school capable of challenging the cardiorespiratory and neuromuscular systems sufficiently to maintain optimum levels of fitness.

The Physical Decline Which Accompanies the Aging Process

There is a large and rapidly growing body of literature which deals with the physiological changes that accompany the aging process. Note the emphasis on the word "accompany" which I shall explain later in this section. I shall only skim the surface of this literature since excellent reviews are available.[25,28,29]

As we grow older, the ability of the heart to function as a pump declines approximately one per cent per year due to a lessening strength of the heart muscle. Along with this loss of functional capacity, the arterial blood pressure ordinarily increases and the coronary arteries gradually become plugged up, and the circulation in general "slows down."

Along with these changes in the cardiovascular system the respiratory system also loses some of its youthful capacity. The vital capacity decreases and the ability to move large volumes of air during heavy exercise declines. In general the chest wall seems to become stiffer and breathing requires more muscular effort.

Our skeletal muscles decrease gradually in strength and in their ability to persevere with heavy workloads (endurance). Indeed we probably lose about 3 per cent of our active protoplasm (largely muscle) each decade after maturity. In spite of this loss of active tissue however, we usually allow ourselves to gain weight as we grow older. It is worthy of note that even if we maintained the weight of our early maturity we would still be getting fatter since the replacement of the active tissue lost is very largely adipose tissue.

Many other changes occur also. Sometimes these are more obvious such as drying and wrinkling of the skin, and graying of the hair, but they are not as important in determining the functional capacity of the individual as is the individual's level of vigor, best measured as the capacity for oxygen consumption, sometimes referred to as "aerobic capacity." By age 75, men have on the average lost about 50 per cent of their maximal oxygen consumption and the data for women follow roughly a parallel course.

But most interestingly, many of these changes, particularly the loss of aerobic capacity or vigor can also be brought about in young, well conditioned men by the simple expedient of enforced bed rest in as little as three weeks. For example, in one of the outstanding studies in this area, it was found that in three weeks of bed rest, the maximal cardiac output decreased 26 per cent, the maximal exercise stroke volume by 30 per cent, and the maximal ventilatory capacity by 30 per cent and oxygen consumption by 30 per cent; even the amount of active tissue declined by 1.5 per cent.[26] Thus we see that inactivity can produce losses in function entirely similar to those brought about more slowly in the average individual when he becomes more sedentary as he grows older.[30]

These observations lead us to question how much of the observed agewise losses in function are truly necessary age changes and how much may be brought about by the long term deconditioning of the increasingly sedentary life we lead as we grow older. This of course is the reason why I used and emphasized the term "accompany" in the section heading. It seems abundantly clear that the physiological changes which accompany the aging process may not be the result of aging alone.

Indeed there is at least one other process which could conceivably account for some of the agewise changes observed. Incipient disease processes, undiagnosible and unrecognized in their early state could also contribute to the losses in function. For example, the coronary arteries whose occlusion by fatty deposits results ultimately in a heart attack may show early changes even in the teenager. Autopsies on 200 battle casualties of the Korean war (mean age 22.1 years) showed that 77.3 per cent of the hearts showed some gross evidence of coronary arteriosclerosis.[13] Some of these casualties were in their teens.

To summarize, we may hypothesize that the functional losses which have been observed and reported as agewise changes in the medical and physiological literature, must be considered as results of at least three composite factors, only one of which is truly an aging phenomenon. Of the other two factors, unrecognized incipient disease processes may or may not be causally related to aging. The third factor, disuse phenomena or "Hypokinetic disease"--as Kraus and Raab refer to the increasingly sedentary way of life as we grow older,[19]--is the only one of the three factors which can be easily reversed. The remainder of this chapter is directed toward the physiological and methodological considerations involved in achieving and maintaining physical fitness in middle and old age. We shall also consider the long term problem of producing a citizenry capable of maintaining physical fitness throughout the life span, in spite of the lessening physical demands made upon us by our newly emerging "life of leisure."

Potential for Improvement of Health and Physical Fitness in Old Age

Only a few years ago, the trainability of older people was still in question. In Germany, it had been concluded that commencement of physical training in a person unaccustomed to sport caused slight effects of adaptation after forty, while after sixty there was practically no observable effect.[16,23] An article from Japan also stated that marked improvement of physical ability by training cannot be expected in older people.[17]

On the other hand Czechoslovakian physiologists had reported better physical performance and functional capacities in a sample of physically active older men than in a comparable sample of sedentary older men.[14] Two other investigations had shown significant improvement in physical working capacity and cardiac function by conditioning older people, although the sample size was very small in both; eight in one[4] and thirteen in the other.[5] An excellent series of investigations from Stockholm clearly demonstrated the trainability of men in the 34-50 age bracket.[15,18,27] This work demonstrated a 14 per cent improvement in aerobic capacity, a 13 per cent increase in cardiac output and some suggestion of decreased numbers of EKG abnormalities. However, it is difficult to consider even the upper end of this age bracket as old, although the investigators did refer to their subjects as "middle aged and older" men.

For these reasons the author entered into a series of experiments regarding the trainability and training methodology for older men and women. This work was done at the Laguna Hills retirement community under the sponsorship of the Administration on Aging (H.E.W.).

In the first experiment,[9] one hundred and twelve older Caucasian males aged 52 to 87 (mean=69.5) volunteered for participation in a vigorous exercise training regimen. They exercised at calisthenics, jogging, and either stretching exercises or aquatics at each workout for approximately one hour, three times per week under supervision. All Ss were pretested and 66 were retested at 6 weeks, 26 at 18 weeks, and 8 at 42 weeks on the following parameters: a) blood pressure, b) percentage of body fat, c) resting neuromuscular activation by EMG (relaxation), d) arm muscle strength and girth, e) maximal 0_2 consumption, f) 0_2 pulse at heart rate = 145, g) pulmonary function, and h) physical work capacity on the bicycle ergometer. A subgroup of 35 was also tested before and after 6 weeks of training for a) cardiac output, b) stroke volume, c) total peripheral resistance, and d) work of the heart, at a workload of 75 watts on the bicycle.

The most significant findings were related to oxygen transport capacity. 0_2 pulse and minute ventilation at heart rate 145 improved by 29.4 and 35.2 per cent respectively. Vital capacity improved by 19.6 per cent.

Significant improvement was also found in percentage of body fat, physical work capacity, and both systolic and diastolic blood pressure for the large 6-week group (N=66) but with the smaller group which exercised for 42 weeks (N=8) statistical significance was not achieved, although the same trends were observed. Controls did not improve upon any of the above measures. No significant changes were seen in any of the hemodynamic variables tested.

A group of seven men was placed in a modified exercise program because of various cardiovascular problems. This group exercised in the same manner except that they substituted a progressive walking program for the jogging and were restricted to a maximum heart rate of 120 instead of 145 which obtained with the normal group. This group was exercised for 6 weeks, at which time their improvement showed a similar pattern to that of the harder working normal Ss at 6 weeks.

Life history of physical activity was evaluated in a subgroup of 53. Neither the mean of high and low years of activity nor the peak level of activity engaged in for a period of 6 weeks or more correlated positively with physiological improvement found.

It was concluded that the trainability of older men with respect to physical work capacity is probably considerably greater than had been suspected and does not depend upon having trained vigorously in youth.

Improvement in muscular function at this age level probably occurs largely by improvement of CNS activation and only very slightly if at all by muscular hypertrophy.

In as much as not a single untoward incident occurred during the 18-month tenure of our exercise program, in addition to the improvements in function which were demonstrated, it was concluded that the exercise regimen as developed was both safe and effective for a normal population of older men in the presence of medical and physiological monitoring.

In a subsequent study 17 older women (age 52-79) from the same community participated in a vigorous three month exercise program and again physical fitness was significantly improved although the women did not show the large improvement in the respiratory system shown by the men.[1]

On the basis of these studies, we concluded that the older organism is very definitely trainable. Indeed the percentage of improvement is entirely similar to that of the young.

Since we had earlier found in our electromyographic investigations that vigorous exercise has a well defined tranquilizer effect (both immediate and long term) upon young and middle aged men,[8] we decided to evaluate this effect of exercise in our older population. Toward this end, the tranquilizer effect of single doses of exercise and meprobamate (a commonly used tranquilizer pill supplied on prescription as either "Miltown" or "Equanil") were compared with respect to reduction of muscle action potentials in 10 elderly, anxious subjects.[12] Thirty-six observations were made of each subject before and after (immediately, 30 minutes and one hour after) each of the five following treatment conditions: 1) meprobamate, 400 mg., 2) placebo, 400 mg lactose, 3) 15 minutes of walking type exercise at a heart rate of 100, 4) 15 minutes of walking type exercise at heart rate of 120, and 5) resting control. Conditions 1 and 2 were administered double blind. It was found that exercise at a heart rate of 100 lowered electrical activity in the musculature by 20, 23 and 20 per cent at the first, second, and third post tests respectively. These changes were significantly different from controls at the one per cent confidence level. Neither meprobamate nor placebo treatment was significantly different from control. Exercise at the higher heart rate was only slightly less effective, but the data were more variable and approached but did not achieve significance.

Our data suggest that the exercise modality should not be overlooked when a tranquilizer effect is desired, since in single doses, at least, exercise has a significantly greater effect, without any undesirable side effects, than does meprobamate, one of the most frequently prescribed tranquilizers. This is especially important for the older individual in that this approach can avoid the further impairment of motor coordination, reaction time, and driving performance, which may occur with any of the tranquilizer drugs. A 15 minute walk at a moderate rate (sufficient to raise heart rate to 100 beats per minute) is a sufficient stimulus to bring about the desired effect which persists for at least one hour afterward.

It seems then that vigorous physical conditioning of the health older organism can bring about significant improvements in 1) the cardiovascular system, 2) the respiratory system (at least in men), 3) the musculature, 4) body composition and in general the result is a more vigorous individual who can relax better.

Physiology of Exercise in Gerontology

Precautions. Because the older organism has lost much of its capacity to respond to homeostatic displacements and also because degenerative diseases of the cardiovascular and pulmonary systems progress with age, it seems important to base the use of vigorous exercise for the older individual upon experimentally derived "dose-response" data.

Indeed, our experience over the last six years with older men and wom in a series of exercise physiology investigations leads us to believe that the physician-patient relationship should be a close one. This is necessary to maximize benefit and minimize hazard, since in at least three "normal" subjects, our standard exercise program was found at six-week retest to have overloaded them. It would seem that "prescription" of exercise is almost as necessary as the prescription of drugs.

An idealized model of physician-patient relationship for older men might be as follows:

1. Initial visit to physicians office

    A. History and physical examination

   - B. Exercise stress test including exercise ECG if possible (work load to be determined from history and physical)
   - C. Formulation of exercise prescription

- II. Patient uses exercise prescription for six weeks during which time he keeps a daily record of his heart rate response to the prescription.
- III. Second visit to physician's office for follow-up
   - A. Retest on exercise stress test
      - 1. If regression or no improvement, perform physical examination to rule out disease process
      - 2. If suitable improvement shown, adjust exercise prescription upward accordingly
   - B. New exercise prescription in either case
- IV. Patient works at new prescription for additional twelve weeks
- V. Third visit to physician's office for follow-up
   - A. Retest on exercise stress test
   - B. If appropriate improvement is shown here, the patient probably can be released with written instructions for future adjustments in his exercise regimen
   - C. If regression or no improvement
      - 1. Physical examination
      - 2. Modification of prescription downward if no disease process found
      - 3. Follow-up needed in six weeks.

Leadership by professionally trained physical educators with a strong background in physiology of exercise and physical fitness work is needed to produce the maximum in benefits with a minimum of hazard for the older age group if the exercise program is to be vigorous. I will define the term "vigorous" as any activity which raises the heart rate more than 40 per cent of the way from resting to maximal. Any exercise of less intensity is unlikely to bring about benefits to the cardiorespiratory system,[10] although it is possible that some physiological benefits to muscles and joints may occur at lower intensities. The social and psychological advantages of low intensity exercise may also be significant but are not as yet defined by scientific research.

Individual vs. Group Exercise. While there are probably social and motivational advantages to be derived from group exercise, not all of our older individuals can or wish to meet a time schedule in their retirement. For those who wish a "do it yourself" home exercise program the author has provided a book to furnish guidance with respect to 1) methods, 2) self testing, and 3) norms on which to measure progress.[11] The group program of exercise meeting three times a week under the leadership of trained physican educators and with the guidance of a physician trained in exercise stress testing is the ideal model. Sufficient numbers of suitably trained leaders in both the medical and physical educations professions to serve the needs of our older people are still lacking.

"How Much Exercise is Enough?" In one of our studies[10] 52 asymptomatic male volunteers from the Laguna Hills retirement community participated in a six-week jogging program which constituted a varying level of stress for the participants, depending upon their physical fitness level. They were tested before and after the exercise regimen with the Astrand bicycle ergometer test[3] for prediction of their maximal oxygen consumption. During the six-week exercise regimen, they kept daily records of the heart rate elicited by each of the 5 to 10 run phases and the daily peak heart rate was used in calculating the mean exercise heart rate for the six-week period. This mean peak heart rate was then used in calculating the percentage of heart rate range at which each subject worked.

It was found that:

1) Improvement in cardiovascular-respiratory function (Astrand score) varied directly with the percentage of heart rate range at which the subject worked.

2) Improvement in the Astrand test varied inversely with the physical fitness level (Astrand score) at the start of the program.

3) The exercise intensity threshold for older men appears to be about 40 per cent of heart rate range compared with about 60 per cent found by others for young men.

4) Normalizing the per cent heart rate range (%HRR) for physical fitness level furnishes the best estimate of the exercise intensity threshold. On this basis, men in this age bracket need to raise their heart rate slightly above that %HRR represented by their Astrand score in milliliters per kilogram per minute to achieve the intensity threshold necessary for a training effect.

5) On the basis of the data, men in the 60s and 70s of average physical fitness need only raise their heart rates above 98 and 95, respectively, to provide a training stimulus to the cardiovascular system. Even well conditioned men in these age brackets need only exceed 106 and 103 beats per minute, respectively, (when heart rate is taken immediately after exercise).

6) It was concluded that for all but the highly conditioned older men, vigorous walking which raises heart rate to 100 to 120 beats per minute for thirty to sixty minutes daily constitutes a sufficient stimulus to bring about some, though possibly not optimal, improvement in cardiovascular-respiratory function.

Table 1 provides the data on maximal exercise heart rates for men based on the data of Robinson.[25] Similar data for women are as yet not available, but our experience in the laboratory suggests that these data may also be used for the older women, until more specific data are developed.

TABLE 1

MAXIMAL HEART RATES IN OLDER MEN

Age	Heart rate	Age	Heart rate	Age	Heart rate	Age	Heart rate
50	174	60	166	70	156	80	147
51	173	61	165	71	155	81	146
52	172	62	164	72	154	82	145
53	172	63	163	73	153	83	145
54	171	64	162	74	152	84	144
55	170	65	161	75	152	85	143
56	169	66	160	76	151	86	143
57	168	67	159	77	150	87	142
58	168	68	158	78	149	88	141
59	167	69	157	79	148	89	141

Monitoring the Exercise Stress by Heart Rate. Every older participant in a conditioning program should be taught to take his own heart rate prior to admission to an exercise program. Each individual should be provided a small card and clip board (approximately 5"-7") which can be carried with him during the first 6-8 weeks of a conditioning program upon which to record all exercise heart rates. This is done by the group leader timing a 15-second period which must commence within 5 seconds of the end of the particular exercise (or jog phase of jog-walk program) in order to provide a reasonable estimate of what heart rate was achieved *during* the exercise.

On the basis of age and resting heart rate the individual is then furnished with three reference heart rates for guiding his personal progress: 1) minimum rate for cardiorespiratory improvement, 2) target rate for optimal improvement, and 3) maximum or "do not exceed" heart rate. These values are calculated from % HRR as follows:

$$\%\ \text{HRR} = \frac{\text{EHR} - \text{RHR}}{\text{MHR} - \text{RHR}} \times 100$$

where EHR = exercise heart rate

RHR = resting heart rate in standing position

MHR = maximum heart rate predicted from age by use of table 1.

Minimum heart rate is set at 40 per cent HRR, *Target heart rate* at 60 per cent HRR and *maximum* "do not exceed" heart rate is set at 75 per cent HRR.

Thus for example, an individual of 73 years of age with a resting heart rate of 70 would be given the following values:

$$\text{HRR} = \text{MHR} - \text{RHR}$$
$$= 153-70 = 83 \text{ beats/min.}$$

$$\text{Min. HR} = \text{RHR} + 40\%\ \text{HRR}$$
$$= 70 + (.40 \times 83) = 70 + 33 = 103 \text{ beats/min.}$$

$$\text{Target HR} = \text{RHR} + 60\%\ \text{HRR}$$
$$= 70 + (.60 \times 83) = 120 \text{ beats/min.}$$

$$\text{Max HR} = \text{RHR} + 75\%\ \text{HRR}$$
$$= 70 + (.75 \times 83) = 132 \text{ beats/min.}$$

Type of Exercise (Isotonic vs. Isometric, etc.) So far we have talked about exercise in very general terms and what has been said applies only to rhythmic exercise of large body segments such as found in walking, jogging, running or swimming.

For any given workload that the body as a whole is subjected to, the work of the heart is greater under conditions of 1) static (isometric) muscular contraction of 2) high activation levels of small muscle masses.[2,22] This is so because the blood pressure response to exercise loading is set not by the total body work accomplished but by the arterial blood pressure required to perfuse that muscle which requires the greatest perfusion pressure. Thus even a small muscle working at 90-100 per cent of its maximum strength occludes muscle blood flow and can raise the systemic blood pressure very significantly.[20,21] Isometric exercise would be undesirable, because not only are high levels of muscle contraction attained, but they are maintained without the relaxation pauses provided by rhythmic activity during which blood flow is unresisted. Thus we may conclude that exercise programs for older people should maximize the rhythmic activity of large muscle masses and minimize 1) high activation levels of small muscle masses and 2) static (or isometric) contractions. The natural activities of walking, jogging, running and swimming seem to be best suited to this purpose. Calisthenics if properly designed to conform to these principles can also be very beneficial.

Monitoring Progress (Physical Fitness Testing). One of the most important factors in the motivation of adults and older people for conditioning programs seems to be the periodic retesting of their fitness levels in the effort to show them some objective measurements which confirm physiologically the health benefits suggested by their enhanced sense of well being. Ideally this testing takes the form of measuring aerobic capacity by actually measuring 0_2 consumption at ever increasing workloads until a maximum value is obtained. However, in older people there are at least two serious problems in this approach: 1) the musculature is usually not capable of fully loading the 0_2 transport systems so that the maximum is really meaningless with respect to cardiorespiratory fitness, and 2) even more importantly, maximum workloads must be sondiered potentially hazardous for the unconditioned sedentary older individual.

For these reasons we resort to estimating the maximum (aerobic capacity) from the heart rate response to sub-maximal exercise. Other things being equal, the more fit the individual, the lower the heart rate responses to any given workload in bench stepping, on the stationary bicycle, or on the treadmill. The error of estimating aerobic capacity in this fashion is between 10-15 per cent but this error must be accepted since no better approach exists.

We have found the two most suitable tests for the older age bracket to be: 1) the Astrand test on a bicycle ergometer, or 2) the Progressive Pulse Rate test as modified by us for use on older men and women. These tests are described in detail elsewhere.[3,11] No instrumentation is required for the latter test and our experimental subjects respond well to both tests. In either case the test should be administered at least twice before starting the conditioning regimen (to allow for familiarization, etc.) and then repeated after the first 6 weeks and then regularly on 3-6 month intervals. It is important that the results be communicated to and discussed with the participants on an individual basis.

Prevention of Muscular Soreness. Unaccustomed exercise in sedentary older people often results in moderate to severe soreness which presents itself in 24-48 hours after the exercise. We have provided electromyographic evidence[7] that this pain is the result of a vicious cycle whose end result is tonic local muscle spasm in the "overused" muscles. The vicious cycle probably develops as follows: 1) overuse of the muscle results in fatigue, 2) muscle fatigue results in incomplete relaxation, which causes 3) ischemia by virtue of the partial occlusion, 4) ischemia causes pain, and 5) the pain causes further contraction (splinting reaction) and thus the vicious cycle is born. We have shown that this vicious cycle is easily broken by application of static stretching principles.[6] This approach resulted in less than 5 per cent incidence of muscle soreness in our older subject population, so we have reason to believe it is as effective in older participants as we have found it to be for the young in our laboratory experiments.

The Long Term Problem

It seems to me that physical educators concerned with curriculum development must come to grips with the problem we have discussed earlier: namely our boys and girls leave high school and/or college without having been "physically educated" to the extent that they can take care of their own "preventive health" or "body maintenance" problems. This fact seems abundantly obvious in view of the serious and growing health problems such as obesity, ischemic heart disease, and indeed the entire spectrum of inactivity-induced somatic and mental derangements referred to by Kraus and Raab[19] as "Hypokinetic Disease."

I suggest that our physical education profession must provide each and every student with a minimum background that would include:

1) exposure to leadership which is itself physically fit;
2) the experience of achieving the full potential of physical fitness of which the individual is capable;
3) knowledges appropriate and necessary to the maintenance of the physically fit state of being:
    a) knowledge of what constitutes appropriate body weight for him and what changes to expect with age,
    b) knowledge of what his potential is for cardiorespiratory fitness and for muscular fitness,
    c) knowledge with respect to the essentials of good nutrition both quality and quantity,
    d) knowledge of how food should be prepared to retain a maximum of nutritive benefits,
    e) knowledge of self testing methods for estimating physical fitness level,
    f) knowledge of the potential health benefits to accrue from high levels of physical fitness,
    g) knowledge of the potential hazards from "Hypokinetic Disease,"
    h) knowledge regarding the need for rest and relaxation,
    i) knowledge of methods which can be used to improve neuromuscular relaxation;
4) skills which will make the lifelong pursuit of physical fitness a pleasant and self motivating experience:
    a) swimming-with sufficient skill so that a workout is possible. Relatively few adults swim well enough to continue long

enough (15-20 minutes) with one stroke to provide a sufficient stimulus to bring about improvement in fitness,

b) recreational sports which can be physically demanding such as
   1) tennis
   2) badminton
   3) handball
   4) volleyball (if well played)
   5) skiing, surfing, etc. where appropriate,

c) jogging or cycling (for use when recreational sports are difficult or unavailable or if little time can be devoted to fitness). Skills must be developed with respect to developing suitable progressions etc.

In no way do I mean to leave the impression that other aspects of physical education should be neglected. Game activities such as football, basketball and baseball have an important place in the program but they must not squeeze out the most important elements listed above.

To conclude, it is my strong belief that "Education for Physical Fitness in the Later Years" should have begun in the "earlier years" in order that maximum benefits may accrue to each individual. However, when this has not occurred for one reason or another, data are now available to support the concept of trainability even in old age. Ideally, physical fitness is a condition which should be achieved in youth, pursued in middle age, and never relinquished insofar as that is humanly possible.

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CHAPTER 12

NUTRITION EDUCATION IN RELATION TO AGING*

Sandra C. Howell

The Personal and Social Meaning of Food

Without a perspective on the meaning of food across the span of life, programs for the delivery of meals or for dietary education to the elderly are doomed to failure.

Two particular characteristics of eating known from research in human aging are first, that food habits developed over a lifetime are closely held by older people, and second, that isolation and loss of close relationships often result in an extreme reduction both in the amount of food consumed and in the dietary variety of foods selected and eaten.

Older people tend to eat the foods that they have become accustomed to, through family, geographic and cultural experience, from early childhood on through adulthood. Thus, if heavy salting of food or the use of particular spices or fats has always been a part of a person's dietary life, a demand for change in old age, even for the sake of health, will be strongly resisted. When a culturally meaningful food is declared off-limits by a doctor or a nutritionist, many older people will reject the professional rather than the food. The food helps them to maintain their sense of who they are, and provides a social bond which they refuse to give up.

This persistence in eating habits also applies to ways in which foods are prepared. If frying in heavy fats and oils has been the most familiar method of preparing meats and starches, then to convince a person of the unhealthiness of this cooking method becomes a difficult task.

Dietary education for older people requires that the following concerns be placed at the top of any list of rules:

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*The material in this chapter is based on NUTRITION AND AGING, A Monograph for Practitioners by Sandra C. Howell and Martin B. Loeb, The Gerontologist, Autumn 1969. Used here with permission of The Gerontologist.

1) A thorough understanding of the food history of the individual or groups with whom one is working;

2) An empathy with the recipients that goes above and beyond the technical knowledge of nutrition and biochemistry which the teacher may possess;

3) Flexibility and innovativeness in proposing menus and devising food preparations which allow for the use of some of the meaningful flavors and foods to be retained while at the same time improving the worst aspects of poor diet. For example, key herbs can often be retained as maskers to a sharp reduction or elimination of salt in dietary plans for elderly of Southern European origin;

4) The development, with the recipient or clients, of a priority list of dietary changes or additions, based upon the most critical health needs. Decisions to modify food habits are solely the domain of the individual. Authoritarian directives and the exclusion of client participation leads to loss of confidence and non-cooperativeness in a recommended regimen.

The Economics of Nutrition

There are two kinds of economic issues which affect the diets of older people in the United States. The dominant one is the availability of cash over a given month of older life. People living on Social Security, old age assistance, and/or pensions from private industry cannot rely upon these sources in amount or regularity and often find themselves short of money in the last half of a month. The slightest emergency expenditure (as for needed drugs) can reduce a budgeted amount close to zero. The largest outflow of money for an elderly person may go for rent, taxes, or unpredicted health care. Thus, food becomes a secondary or lower priority.

Effort and energy are equally economic issues for older persons. If a grocery store is not within walking distance or the weather is bad, or arthritis is flaring up, getting orange juice and hamburger into the house may seem too much of an effort.

Community services which complement and support neighbors and relatives in minimizing the effort required for older people to get food, are being tried and are strongly recommended.

Nutritional Needs and Nutritional Adequacy

The kinds of foods that older people are least likely to use adequately according to surveys of eating habits, are citrus fruits and meats. There are complex reasons for these particular dietary weaknesses which include in the case of meats, the cost and the difficulty of preparing and eating certain cuts.

In the case of fruits and some vegetables, culture, custom and physiology may play major roles. It is known that older men definitely tend to reject fruits and vegetables in their diet more than older women. Raw foods tend to be difficult to masticate and digest. There are, in addition, many myths about "acidity" and "roughage" which the current generation of elderly hold to, discouraging them from using certain vegetables and fruits. This is not to deny that some foods may well be irritating to the digestive tracts of older persons. A sensitive physician can elicit this information from an older patient and recommend a substitute which will supply the vitamins and minerals lost by the rejected foods.

A review of the existing research in biochemistry and aging indicates that for the essentially healthy older individual there are no special nutritional needs different from those of other adults. The lower general level of physical activity among many elderly indicates that a total calorie level somewhat lower than younger adults is in order. Recommendations of National Research Council, Food and Nutrition Board (1968) relative to age and average height and weight are listed below as are calories expended in typical activities of older men.

Over 50 per cent of older people in the United States have lost most of their teeth. Not all of them have replacement dentures which fit adequately or which they use regularly. This does not mean, however, that people with denture problems only eat bread soaked in milk. Many older people with this problem compensate by eating nutritious soups, soft rice with meat stock and mashed cooked vegetables. Others will gum meats, removing unchewed muscle residue, if they are sure that such behavior will not embarrass them in the family or in a public eating place. It is almost impossible to have lived for 70+ years without developing a degree of common sense and some ways of adapting to problems. Professionals who work with older people for the first time often are not sensitive to the real solutions to diet found by their clients.

RECOMMENDED DAILY DIETARY ALLOWANCES, REVISED 1968

Food and Nutrition Board, National Academy of Sciences-National Research Council. Designed for the maintenance of good nutrition of practically all healthy people in the U. S. A.

	Males 55-75	Females 55-75
Calories	2400	1700
Protein (Gm.)	65	55
Vitamin A (I.U.)	5000	5000
Vitamin E (I.U.)	30	25
Ascorbic Acid (Vit. C)	0.4	0.4
Niacin (Mg.)	14	13
Riboflavin (Mg.)	1.7	1.5
Thiamine (Mg.)	1.2	1.0
Vitamin B_6 (Mg.)	2.0	2.0
Vitamin B_{12} (ug)	6	6
Calcium Gm.	0.8	0.8
Phosphorus Gm.	0.8	0.8
Iodine ug	110	80
Iron Mg.	10	10
Magnesium Mg.	350	300

CALORIES EXPENDED DURING VARIOUS PHYSICAL ACTIVITIES

Activity	Energy Cost (C/KG./Min.)
Sitting	
"quiet" sitting (reading, watching T.V., etc.)	.025
Lying	
Asleep	.02
Housework	
Making beds	.06
Shopping for groceries	.05
Stairs	
Ascending	.056/flight
Descending	.032/flight
Both ascending and descending (1 flight = 12-16 stairs)	.088/flight
Gardening	
Weeding	.05-.07
Household Maintenance	
Painting walls	.07
Chopping wood	.09
Sports & Leisure	
Swimming, relaxed	.06
Ping Pong	.06
Cycling	.05
Playing with young children	.06

Source: McGandy, R. B.; Barrows, C. H.; Spanias, A.; Meredith, A.; Stohe, J. L.; and Norris, A. H. "Nutrient intakes and energy expenditure in men of different ages." Journal of Gerontology, 1966, 21, 583.

At times older people do assume that some foods which they felt necessary at younger ages are no longer necessary for them. Such information can and should be brought out in open discussions and suggestions made as to how the still needed food type might be included in the person's regular menu.

Reduction in the preparation and eating of "three meals a day" is not uncommon for older people. Changes in sleep-wake cycles and in appetite sometimes lead to a pattern of small snacks scattered across waking hours with, perhaps, a single "major" meal in mid-afternoon. There is nothing basically wrong with this meal pattern. Educators should be slow to attempt to impose a professional's rule against such habits. The important thing is that a total 24-48 hour diet include all of the elements necessary to good health.

To find out what people actually eat, a 24 hour diary (diet-recall) is often requested of individuals. In reviewing the foods, the quantities and the mode of preparation for an immediately past 24 hour period, both the learner and the teacher can get a good idea of the quantitative and qualitative adequacy of a person's regular diet. Such a recall must be phrased in a way so that the individual has an opportunity to comfortably describe irregular eating patterns. For example, rather than asking, "What did you eat for breakfast," a better question is "When you first got up this morning did you have something to eat? What was that? Is that what you usually have to eat in the morning?" etc. The probe also needs to ask, when the respondent says coffee or tea, "Do you usually put milk, sugar (or lemon) in it?"

Only a medical examination and a sequence of blood tests can provide precise information on how nutrients are utilized by an individual's body. Where a reported diet appears, on recall, grossly inadequate in quantity or quality, the individual should be counseled to visit a physician or clinic for a check-up. There are a number of chronic diseases which affect both the kinds and quantities of foods eaten and the way in which the body utilizes the foods.

Supervision and counseling with regard to special diets prescribed by a physician should always be done in consultation with the physician or registered nurse responsible for the patient. One of the reasons for this necessary contact is that it is now known that certain prescription drugs react badly with particular kinds of foods. The physician will know what kinds of drugs have been prescribed for a patient and will indicate if there are any foods that the patient should avoid in relation to these drugs.

Basic nutritional needs fall into two major categories:

1. Those required for growth and repair of normal structure;
2. Those required for the production of energy to provide for functional needs.

The latter represents the caloric needs and all but a small proportion of the diet is utilized to provide energy for day-to-day function. Such energy producing foods include carbohydrates, fats, and those proteins not required for maintenance of structure. The components of the diet required for maintenance and repair of structure include nine or ten essential amino acids (the fundamental components of body protein), several unsaturated fatty acids, vitamins, and minerals.

A calorie is a measure of the energy-producing content of food in units of heat. The energy needs of an individual are influenced by various factors. These include basal metabolism, sleep, physical activity, and the effect of food (specific dynamic action). In addition to these factors, the body requires energy for the synthesis of body tissues and excretory processes and to help regulate body temperature.

There is a normal gradual reduction of basal metabolism with age. This reduction may reflect a loss of functioning body cells with age. Because of the reduction with age of physical activity, basal metabolism may represent a higher proportion of the total energy needs of elderly persons than of young adults who are physically active.

Calorie needs of individuals may vary according to:

1. Age and sex and basal metabolism;
2. Size;
3. Occupation;
4. Environment, including geography and temperature;
5. Hormonal balance;
6. Physical activity patterns and habits.

Because of the decrease in physical activity and basal metabolism with age, calorie intake should be gradually reduced as persons become older. The Food and Nutrition Board of the National Research Council (NRC) (1968) has recommended that calorie allowances be reduced by 5 per cent between ages 22 and 35, by 3 per cent per decade between ages 35 and 55, and 5 per cent per decade from ages 55 to 75. A further decrement of 7 per cent is recommended from age 75 and beyond.

Overweight statistically shortens the duration of life. There still exists a large number of overweight elderly people. In one study of 100 individuals aged 65 or over conducted in Boston, 48 per cent of men and 59 per cent of women were 10 per cent or more above their desirable weight. Of 200 persons over 65 years of age who were referred to the Out-Patient Nutrition Clinic at Ohio State University, 68 per cent were 10 per cent overweight and only 8 per cent were more than 10 per cent underweight.

Healthy women who were active in their homes were subjects for a regional study on the nutritional status of older women of the North Central States. Fifteen to 20 per cent were moderately overweight (10 per cent to 20 per cent over desirable body weight for height) and 20 per cent to 30 per cent were more than 20 per cent above the desirable weight.

The frequency of obesity in older adults is a result of the persistence of unrestricted liberal eating habits, although the energy expenditure has gradually but significantly become reduced. Obesity is a manifestation of overnutrition that most often results from the failure to decrease caloric intake with succeeding decades, rather than from gluttony. Thus, older, obese people who claim they do not eat more (perhaps even less) than they used to are probably correct. Often the gain in weight occurs gradually with perhaps two or three pounds a year so that by the age of 50 a person may weigh 40 to 60 pounds more than at the age of 20.

Excess weight does not indicate satisfactory nutrition. Nutritional inadequacies are common among the overweight. The massive ingestion of "empty calorie" foods contributes to the great numbers of overweight people in this country. Examples of "empty calorie" foods are cooking fats and sugar, in the form of free sugar or that in pastries, candies and carbonated and alcoholic beverages. Consumption of these foods, which are totally devoid or nearly devoid of protein, essential minerals, and vitamins, decreases the appetite for the intake of foods high in nutritive value.

Dietary counseling is essential for the older person who is advised to lose weight. Because physical activity is limited, the restriction of calories to bring about weight loss must be carefully planned so that the diet supplies adequate amounts of the essential nutrients. To achieve a loss of one pound of body weight per week a reduction from the usual pattern of eating of 500 calories per day is necessary.

Exercise cannot be solely depended upon for weight reduction since (a) great degrees of exercise would be needed to reduce weight and (b) such exercise might be dangerous in a person whose heart and circulation already are overburdened by excess weight. Moderate exercise, however, is important for elderly individuals.

There is good evidence to indicate that older people do better and have less complications from most acute and chronic illnesses when they ingest an adequate protein diet. It is unfortunate that the self-selected diets of many elderly individuals are frequently deficient in this food group.

Animal protein foods such as meat, fish, poultry, milk, eggs and cheese are of particular importance since they are complete proteins which supply all the essential amino acids. Vegetable proteins, as well as those in cereals, bread and gelatin, are incomplete proteins that are partially lacking in one or more essential amino acids.

There is a misconception that protein digestion and absorption are decreased in old people. Decreases or inadequacies in digestion and absorption are most likely related to disease conditions, at any age.

The protein needs of the geriatric person will ordinarily be met if 10 to 15 per cent of the energy value of the diet is derived from protein. Two glasses of whole or skim milk, and an average portion of meat or meat alternate consumed each day will provide an adequate source of good quality protein.

Hunger is a state of temporary or continuous appetite for food. Hunger can be appeased, in the short term, by eating and drinking relatively small amounts of almost any food. An obese person who is trying to lose weight will certainly express hunger because of the amount of food which has formerly been eaten to reach the feeling of fullness. There are American people, including the elderly, who are almost constantly hungry because of insufficiency of food. Old people, particularly those from 75 years up, may be less conscious of their "hunger" because of reduced senses of taste and smell and lowered activity of the stomach. It is probably quite possible, therefore, for an older person to be eating inadequately but not express hunger.

If one had to be on the alert for the three most critical health issues which relate to nutrition in older Americans, these issues would be (1) obesity (2) cardiovascular disease and (3) reactive depressions. These issues are not unrelated, although overeating of "empty calories" (mainly sweets and excessive breads) tends to be part of a lifelong pattern, snacking on these foods is also often a way people have of compensating for loneliness, loss of love and sex and personal disgust for the way one's own body is visibly aging or badly functioning.

In turn, anxiety and depression frequently accompany the presence and awareness of such chronic diseases as cardiovascular problems, diabetes and arthritis. In the case of chronic and pronounced obesity, a vicious cycle is set up between poor eating, weight gain (or no weight loss) and illness symptoms and depression.

Diet in Relation to Personal and Social Stress

Because we have placed depression as such a key feature of nutritional problems among elderly people, it is important to extend the discussion somewhat in order that elderly readers and people who work with them will consider carefully certain particular facts of life.

Since the stress-inducing experiences of aging often do occur seemingly close in time, it is difficult to isolate and identify one which could be called most critical. The difficulty of attaining such specificity is further exacerbated by yet another factor: the effectiveness and mechanisms with which a person dealt with the problems of his earlier adulthood are not necessarily good predictors of his coping capacities when old. The reasons for this are related not only to such concomitants of aging as illness but also to the greater importance and finality of many of the crises that people face through middle and old age. In a sense, it might be said that the integrity which adult personality represents is severely tried in later life.

A review of adult experiences common in our culture which may create depressive crises for the individual suggests three major focuses: Loss of what sociologists refer to as a person's "primary role" and losses, through death and mobility, of significant other people have a major impact on the middle-aged and older adult.

For the man in our culture, this is his role as breadwinner-worker. Retirement, whether voluntary or imposed by employer or illness, creates a mammoth change in the daily life of a man. No longer are his days scheduled, his social interactions with other men to be anticipated, or his daily accomplishments (or frustrations) available for review in the evening. Few husbands or wives are fully prepared for the effect of retirement on the daily life of the family. Often marriage relationships which were never faced and fully developed come to critical sword-points with the husband at home all day and the wife required to attend to greater demands. A predictable area of potential conflict in such a situation is with regard to housekeeping, meals, and food. Additionally, the man over 50 who is able and willing to work has a much more difficult time locating employment and is often hard hit financially and psychologically if he loses his job. Men in certain industries, e.g., construction and heavy industry, are particularly prone to irregular employment after 50.

For the woman, whose primary roles have been as a wife and as mother, two critical events can be particularly stressful. The last of her children to leave home for college, work, or marriage results in the sensation of an empty nest. The woman has constructed her daily life for nearly two decades around the clutter and demands of growing children and is suddenly faced with silence. To the mother, whose primary role has been one of nurturance strongly characterized in meal preparation for her family, the absence of children in the home may well have its greatest impact on her food shopping and preparation activities. Motivation to maintain her previous careful meal planning may wane, unless an appreciative and supportive spouse continues to emphasize this aspect of her role. It is possible that patterns of selective, maladaptive eating may begin in middle age for women, at the time of loss of children from the home.

The second and later role loss for the aging woman comes with the death of her husband. Widowhood constitutes a major and critical turning point for women between the ages of 50 and 70.

In the immediate trauma of widowhood (for man or woman) food may become a symbolic taboo. The extension of the normal grief period, with a slow adjustment to living alone, can result in the "oversimplification" of a diet. Those foods which are the easiest to prepare lack variety, and concentration on fillers (i.e. starches such as breads) may become habituated at this time.

In reacting to losses in old age each person may use those models developed earlier in life that are perceived to be appropriate for the stress they are presently confronting. On the other hand, there are characteristic responses of the aged to a severe crisis such as the loss of a loved one. These are generally described as grief and mourning reactions, and persistent feelings of "desolation." Of importance is that such feelings of desolation may occur in spite of the presence of many remaining significant other persons with whom the aged person is in contact. Such feelings of "desolation" that accompany the loss of a loved one must be differentiated from feelings of "isolation" that are more descriptive of the lonely aged person who may feel the need for, and be able to make use of, more social interaction with others.

This distinction is important for the practitioner who is developing a community nutritional and education program and wishes to identify those who can be best relieved of loneliness. The aged person who feels "desolated" may need to be professionally helped through an acute grief reaction or chronic mourning reaction. Unfortunately, health professionals may, themselves, unwittingly contribute to the extended grief reactions and desolation of relatives of the deceased. The work, then, of practitioners who plan programs and services for the "desolate" may require resolving of the uncompleted grief, helping to "let go." The aged person who feels "isolated" but whose grief has been healthily resolved, may feel immediately or ultimately relieved through contact with an aide or neighbor as food server or eating companion.

From a different perspective, that of identifying the isolate, it should be noted that he may be suffering from neither desolation nor isolation. Indeed, many of the older persons whom we call the isolate may have a life-long style of aloneness and be rather content with low levels of interaction with others. Simply stated, psychological feelings of desolation and isolation can be independent of the amount of interaction with others; whereas the isolate refers to those people who have minimal interaction with others and who often are suffering from loneliness. Suffice to say that our taxonomy may be very rudimentary in discussing isolation and loneliness, but it is indeed a truism that many isolates are not suffering from loneliness and that many non-isolates are suffering from the loneliness that accompanies the loss of a loved one.

The Changing Physical Self

Visible body changes that accompany chronological aging are not comfortably accepted by most people. Physical appearance has many cultural, social and psychological meanings.

Gerontological research indicates that many elderly people do not identify themselves with others of their age. If shown pictures of older people, they often deprecate the signs of age and assert that they are not that old. If asked to place themselves on an age continuum, those over 65 are likely to place themselves in middle age, particularly if they are active and relatively healthy. It is also not infrequent for practitioners to hear older people reject associations with senior centers and "Golden Age" clubs with the comment, "I don't want to be around all of those old people!"

Psychologists, exploring the inner worlds of older people, find clear signs of anxiety and depression related to deteriorating body changes. Denying the changes and their implications is a major way people avoid anxiety. Denial is not difficult to understand since a major source of anxiety to the aged is fear of losing their independence, of not being in control of their own bodies and life, which is associated with old age.

This problem may become even more profound for the actually disabled or chronically ill older person, his spouse, or his family, and may be at the root of non-compliance with prescribed diet.

The extent to which an adult does adjust or cope with the interacting external and internal stresses accompanying aging is highly individual. Some elderly persons are well equipped economically, socially, and psychologically to meet losses and illness, while for others the seemingly identical stresses will be quite disorganizing and devastating. It is likely that, for each individual, there are crisis points where the cumulated losses are sufficient to "profoundly influence physiological and somatic status. Poor nutrition or social isolation could be the precipitants to such a breakdown."

Although social deficits are highly correlated with depressed states, social interaction is not necessarily indicative of high morale in the elderly. An individual's morale (i.e., felt sense of satisfaction or deprivation) appears to be based both on current comparisons with his age peers and, as well, to comparisons with his own earlier self. Some research strongly indicates that the presence of a single "confidant" may serve as a "buffer against social loss" as great or greater than multiple social activities.

For the older person who is either on a prescribed special diet or who finds certain foods unacceptable or uncomfortable to eat, living with a family of younger persons may create particular problems. The accommodations made, gracefully or reluctantly, by younger members of the household may affect both the relationships and the nutrition of the older member in as yet unexplored ways. The older person, rather than fight for special foods, may pick and select from what is offered. An extreme form of this rejection of food has been referred to as a "poison food" paranoid symptom seen occasionally in the older woman residing with her daughter-in-law.

It is reasonable to propose that lack of companionship and sharply curtailed social interaction may be considered by many elderly persons to be a state of "deprivation," thereby causing emotional stress. Emotional stress, in turn, is believed to have negative nutritional effects, particularly on nitrogen balance.

The effects of psychological stress on the metabolism of other than protein nutrients is in much need of exploration. Individuals in calcium balance have been reported to have gone suddenly into negative balance under the stress.

The importance of stress on metabolic processes has been indicated in that cholesterol levels have been found to change with variations in emotional tension.

In order for practitioners to explore new and better ways to motivate the older person toward improving his nutrition and maintaining consistently good dietary patterns, it is important to see the possible irrational bases for behaviors toward food. It has been acknowledged by nutrition educators that the usual methods of teaching good nutrition are very often ineffective for all adults including older persons. It is likely that the difficulty encountered in modifying food behaviors is due in part to just this irrational component in the meanings which food may have for an older person.

It has been assumed, by younger professionals, that a human being's desire for longevity, retention of youthful energy and good health (including weight control), could be used effectively in gaining attention to and compliance with good eating habits. While these may be motivating forces for the young to middle-aged person who has a clear future toward which he is directed and personal goals yet to achieve, it appears that they are not strong motivating factors for the aged. For example, psychological research involving adult men (aged and non-aged), both in the United States and in developing nations, strongly suggests that these motivations are not effective for the elderly. It is likely, at least in the case of men, that aging involves a shift developmentally in personality in the direction of greater passiveness and receptivity.

Older men, across cultures, tend to "wish" to be taken care of as they were by their mothers. They frequently reminisce about food they ate as children and the circumstances surrounding the growing, preparing, or serving of the food. Further, elderly men often see the present world of available foods as depriving and inadequate because of the absence of earlier foods and conditions, as they remembered them. These needs were expressed by Caucasian aged men in the mid-western United States (Kansas City) as strongly as by Navajo and Mayan men.

Older people probably do not seek novelty and variety in the foods they eat because the familiar and remembered foods give greatest enjoyment. Food becomes a symbolic vehicle through which reminiscence of things past can become psychological realities for present concerns. Food becomes, in other words, highly personalized to the older individual, not only in the choice and manner of eating but in its visual appearance as well.

Summary: General Principles of Nutrition Education for Elderly

Given the above brief review of many of the key issues which complicate nutrition education with regard to older people, certain general principles should emerge:

Educational Content. The content of nutrition education should be aimed at the rather unique and complex situations in which older people find themselves with regard to budgeting limited incomes, chronic illnesses, feelings about themselves, and losses of loved ones and roles. These kinds of issues simply do not indicate that a standard or "canned program" should be used or would be effective for older people.

Methods of Transmitting Advice or Information. Learner participation, based upon where the learner is and an individual history in relation to food and meals is required for the elderly.

The principles of relevance, repetition and reinforcement are key to successful re-education for older age groups.

Written material and formal lectures are probably the least effective methods of transmitting nutritional information to the elderly. Small group discussions, demonstrations in which the learner participates and home-grocery store shared experiences between teacher and learner are probably the most effective potential teaching methods.

Resources for Nutrition Education for the Elderly

The Administration on Aging, U.S. Department of Health, Education and Welfare has produced a series of papers on the topic of Nutrition and Aging.

Dietitians who work within teaching hospitals and attempt to counsel patients prior to discharge will often have had personal experiences with older chronically ill people and their families.

State offices of aging are increasingly addressing the problems of delivery of group and individual meals to older community residents.

Most of all, the older persons themselves constitute the best resources for defining food and nutrition problems for which they seek alternative solutions. The principle of teaching by members of one's own peer group is unbeatable for the elderly who have many common experiences to share.

CHAPTER 13

SEXUALITY AND THE LATER YEARS

Mary S. Calderone

General Considerations

At the outset one must accept as fact that, although we are slowly emerging from the dark ages as regards our knowledge of the nature of sexuality prenatally, and postnatally in early and late childhood, in adolescence and in adult life, we are still in prehistoric times as regards clear knowledge and understanding of the nature of sexuality in what are euphemistically called "the later years." In actuality, we have not even defined what is meant by the later years--later than what? Presumably we begin to age from the moment of birth, or even from conception; yet there exists no clearcut definition of when the aging person becomes aged.

However, for the purposes of this discussion, the later years will be accepted as those after 60, and the aging can be considered to be those who have passed this landmark age--which is after menopause, and after the children presumably have left home, but still before retirement.

Some Characteristics of Those over 60

One might also speculate that the aging are ourselves, a certain number of years and experiences from this very moment. We can also recognize that some people were aging long before 60, and others will not really age until a considerable time afterwards. The existence of disabilities might or might not contribute to or emphasize the aging process, and perhaps during the process some special characteristics of each individual might, in effect, be accentuated or diminished. Nevertheless it would be best if, from the outset of any consideration of the aging, one would take for granted that this group eats, sleeps, goes to the bathroom, likes or dislikes, loves or hates, enjoys or is apathetic, is lonely or bored, solitary or gregarious, in about the same measure as the general population. We find among the aging the dominating and autocratic, the passive and servile, the witty, the dull, the intelligent, the humorous, the phlegmatic, the timid and the courageous, those who keep up with change, and the tv-addicted who stick to the reruns--just as they always were, but perhaps in greater or lesser degree as time advances.

Most especially there is one quality that seems to run through the lives and attitudes of those who are over 60: most enjoy--or would like their circumstances to permit them to enjoy--living, and resist the notion of dying, whether physiologically, emotionally or spiritually. In any case, by 1980 there will be an estimated 33 million people over 60 years of age in the United States.

In connection with the over 60 age group in the population, the discussion ought always to be from two points of view: from that of those who are themselves over 60, and from that of those who deal with them, whether professionally or as family or friends. If the needs of the over 60 group are to be met by society, then society must take the trouble to understand this group as it really is, not in terms of the stereotypes that we would have them be. This means that those who deal with the aging should include not only professionals and nonprofessionals, but also the young and the not so young. It would seem important for young people to be better oriented than they are regarding an age group that they themselves will ultimately be part of, for in this way their mental and attitudinal sets can be such that growth toward and into the age group may eventually be easier, smoother, happier and with less resistance than may be the case with their parents.

If the over 60 age group contains many individuals who have accumulated large funds of knowledge, wisdom, experience and scholarship and who have attitudes that are relevant to the times, there are as many who are anachronistic or out of date. However, members of either group rarely consider themselves "finished" as early as society apparently so considers them. Their drive to live, to participate, to enjoy in their own ways is, for the most part, limited not by their incapacities but by the rest of the society that tends to segregate them into a special breed different from the rest of us. If they are different, it is primarily in terms of quantity--of energy, of stamina, of emotional or financial resources--and thus, inevitably, we must eventually face the realization that aging individuals are not automatically desexualized by their increasing years, but by the rest of society, for they are sexual like most of the rest of us.

Knowledge About the Sexuality of Aging

Christenson and Gagnon (1965) have remarked on the scarcity of good studies on the sexuality of aging. "The ever growing lists of bibliographies on aging invariably fail to include headings which cover sexual adjustment in older persons." Unfortunately too, although a few studies do recognize not only the presence but the importance of this factor among those over 60, they have tended to deal primarily in terms of sexual performance.[1] Thus Newman and Nichols[2] studied 250 men and women, ages 60-74, married and unmarried. They found that of the 149 who were married, 54 per cent in that age group were still sexually "active," whereas of the 101 unmarried in the same age group, only 7 per cent had continued sexual activity. It appeared that the principal differentiating factor here was the need for, and easy availability of, a "socially" (legally) approved partner in order to continue activity. They also identified sexual "interest" as a variable but did not define it, although by and large they agreed with Masters and Johnson[3] that the best way to maintain sexual interest and activity into old age is to have an interested and interesting sexual partner!

They found that a marked decline in sexual activity occurred after the age of 75, but in this age-related watershed it was the degree of sexual activity of the male that appeared to be the controlling factor: a man of 70 was apt to be married to a woman on the average four years younger than himself, but a woman of 70 was apt to be married to a man on the average four years older than herself. Thus a man of 70 had four or five more years to go before his own sexual activity would begin to decline markedly, while the woman of 70, being married to a man already at the critical age of 75, experienced a sharper loss of sexual interaction than her younger peers. Christenson and Gagnon identified similar findings among wives aged 50 to 55--the percentage of orgasms was far less for 55 year old wives of older husbands than for the 50 year old wives. The fact that their studies are based on Kinsey's data obtained for women born prior to 1900 means that similar information is needed for women born after 1910 and presently in their 60's, 70's and 80's.

To balance the studies that emphasize sexual activity or performance levels, there are unfortunately few, if any, on the subject aspects of sexuality in the later years. There is, of course, a great deal of empirical evidence of the continuing need for the same kinds of companionship as exists in human beings from the earliest years, which for the aging is recognized to include the gamut of forms of sexual contact, from simple touching and caressing through coitus. There is also a lack of information on the present day use of masturbation as a sexual outlet, whether in marriage to balance disparate sex drives of the partners, or among the single.

Furthermore, such studies as exist have almost all been on aging heterosexual individuals. Weinberg[4] studied aging homosexual males and found that, as to their general adjustment to life, "contrary to popular opinion, data reveal improved adjustment and less unhappiness among homosexuals as they age." Another shibboleth knocked down! His present day data were gathered from 1,117 individuals, supported by data gathered at the Institute for Sex Research for another 458. He remarks that, in homosexual males over age 45, there is a decrease in the frequency of sexual activity as there is in heterosexual males, but that, because of the high premium placed on youth by the homosexual community, the older homosexual is most likely to be living alone. He found too that, unlike the 25-35 group, the older homosexual has more association with the heterosexual world. This does not, however, "lead him to throw off his identification with other homosexuals...the older the homosexual the more psychologically adjusted he appears to be in other ways."

The sexuality of the aging homosexual couple has been studied little if at all. Empirically, however, the existence is recognized of many homosexual couples of both sexes who over many years have lived highly congenial, loving and happy lives in their communities, with appropriate recognition of anniversaries just as with heterosexual couples. Obviously research is needed on the sexual lives and responsiveness of homosexual couples who are in the over 60 age range.

But, whether heterosexual or homosexual, most especially we do not know how the aging feel about themselves as sexual people--particularly if their sexual powers are waxing (or waning) while their partner's may be doing just the opposite. Nor do we know about the sexual self-images that aging people have, and how the various aging processes affect these. As an example, one specific aspect of the aging process that appears to have a paradoxical, inconsistent effect is the graying or whitening of the hair. To some this is a disaster, and as a result interest in hair coloring is widespread and intense. On the other hand, many men and women look upon whitening hair with a very positive feeling that it actually makes them look younger and, particularly if the skin is tanned and smooth or if the eyes are blue or the cheeks pink, with a sense that the contrast of these with the white hair is, in fact, flattering, striking, and therefore ego building. The author's own white bearded and maned grandfather, at the age of 80 confided that he never wore anything but blue shirts "to match my eyes."

Sagging skin, senile freckles and skin discolorations, thinning of body or scalp hair, and often strange new body odors, may be taken very lightly by some, but with great anxiety by others who feel that these impair the self-image of youth and beauty that our culture demands.

Too, as the body ages, there may be diminishing litheness or increased body discomfort on movement, which would extend to active intercourse. This might mean that unrealistic ideals as to sexual performance would become even more unrealistic.

Attitudes of Others

All such negative factors are undoubtedly reinforced by the Dirty Old Man-Dirty Old Woman syndrome that society by its attitudes generally inflicts on the aging. There are signs that older people are beginning to resist the stereotype that appears to assume that anyone over 60 ought automatically to become desexualized, and this is desirable, for the DOM-DOW image can cause a great deal of guilt or discomfort: the author received a letter from an 81 year old gentleman whose wife had died two years previously. He stated that they had had a full sexual life until her terminal illness, that he was not only desperately lonely but sexually deprived. But he did not want to remarry unless he could really love someone, and he did not want to desecrate the memory of what he and his wife had shared by having an "affair." Thus his only recourse was masturbation, and his sense of fear and guilt about this was so strong that he was writing for reassurance, indeed for permission, regarding the acceptability of this form of outlet. Obviously he had a high sexual drive which was causing him a great deal of distress unless his conflict could be resolved.

The attitudes of others regarding sexuality in the later years can create formidable difficulties for individuals. Montgomery[6] includes sex as one of the many deprivations inflicted on the aging by society. In institutions for the aging the desexualizing, repressive attitudes of attendants is the norm, and in fact is strong enough so that any evidence of interest in a relationship, however nonsexual it might be, results in a great deal of teasing or resistance on the part of the attendants. This was well illustrated by the insistence of a home for the aging that two residents over 70 were to be required to be married, if they wished to stay up alone together after hours to watch television!

Families too are highly resistant to the concept of the renewal of sexual interest of a parent or grandparent who may have been single for a number of years. This is undoubtedly partly because of a sense of threat to property and inheritance rights of children and grandchildren, but more probably it is because the children and grandchildren cannot even conceive that their elderly relatives might really have a genuine interest in sexuality, and they feel shamed by the very possibility. A revision of such societal attitudes is certainly in order, and should be centered around the single question of whether or not social or personal harm is being done by a relationship, possibly sexual, between two unmarried or previously married elderly persons. One example of a needed revision in attitudes that is apropos for all of us to think about, came to my attention in a communication from a friend. Her son had recently married on his return from the Peace Corps, and had taken a two months honeymoon driving trip across the United States to become reacquainted with it. The delightful touch was that his 75 year old grandfather, a widower for some years, was remarried at about the same time to a woman in his age group, and at the invitation of the younger couple they shared the honeymoon trip. A very enjoyable time was had by all, for the young man and his grandfather had been extremely close for a number of years, a relationship now expanded with great success to include the two wives.

Discussion

What kinds of sexual life styles can society help the aging to develop for themselves? Individuals in their 60's, deprived as they so often are of the human right to be functioning members of the society even as long as they are able to be independent, might be considered to have earned a compensatory right to adopt and enjoy their own individual sexual life style, to the enrichment of their last years and therefore of society as well. Reasonable and constructive provisos would be, of course, that a) the other individual involved not be harmed in any way, b) that society not be harmed, and c) that if the couple eventually married, the rights of inheritance of the families on both sides be safeguarded in a manner equitable to all, including the new marital partners.

As illustrated by the shared honeymoon of the younger and older generation couples, surely there would be great value to the young in learning to see older people with new eyes. They would become more aware that, even when the truncation of life approaches, there can still be more, rather than less, need for experiences and opportunities to increase the self-actualization potential of older people. Barach[6] has observed that "we...see... how acutely relevant to aging people are the changes which the young seek to make in our culture, such as the cultivation of their natural inclinations and spontaneity. Such matters as the overthrow of genital supremacy, the resurgence of bodily sexuality, and the reinflation of childhood wishes may at first sight seem farfetched as a proper theme for the older person; however, if the psychodynamic mechanisms should indeed play a role in the conversion of work into play and in the abatement of the evils of technology, then indeed 'aging without abdiction' might take place and might forestall the premature renunciation of instinctive life which now takes place too frequently in our society." Young people need a new vision of their own future's so-called golden years, as a reassurance that those years might be truly golden instead of drab or full of terror, loneliness and sexual deprivation as is so often the case with older people today. Many older people certainly give up luxuries and even comfort for the far more vital and rewarding comfort of a partner to share intimacy, joys and sorrows, whether under the conventional aegis of marriage, or in less conventional, innovative or totally new forms of relationships that would lend a special sense of renewed radiance and zest to the last years of life.

Samuel R. Ogden in the New York Times Op-Ed page of January 23, 1973 discusses the question of the will to continue living after the loss of a beloved life partner:

> At noon on one of the happiest Christmas days in which our whole family took part, my beloved wife died suddenly and painlessly in our midst, and from that moment on life had no more meaning for me. After 51 years of marriage as nearly ideal as one could humanly be, I was left alone. Not literally alone, for there were other dearly loved ones, members of the family which surrounded me (there were more than a dozen of us), but in the tragic depths of my misery I could see naught but my own loss, and how great that was no one will ever know. Our love was not simply a compatibility of mind and spirit, but it was intensely physical as well. For 51 years, since our wedding night, we slept naked together in the same bed and we enjoyed all the passions and excitements that two powerfully sexed persons induce in each other.
>
> So it was that now we two devoted lovers were parted at a time when the joys of our love were sweeter than they ever had been before, and I, at the age of 76, was plunged into a blackness of despair which I cannot possibly describe.

How blessed are those who have had such a relationship. It is the author's opinion that no circumstances should ever stand in the way of any two individuals who seek to re-create such a one.

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CHAPTER 14

EDUCATION OF THE PROFESSIONAL LONG TERM HEALTH CARE ADMINISTRATOR

Eugene E. Tillock

Long term health care administration has emerged in recent years as a rapidly progressing segment of the broader field of health administration. The National Center for Health Statistics estimates there are a total of 16,000 nursing home administrators and assistant administrators. It is estimated that nationally there are 23,000 long term care facilities. Each year the number of nursing home beds has been increasing, the facilities are getting larger and more complex and the service spectrum and capacities of the long term facility have been considerably broadened, Requirements for physical plant and life safety code regulations are becoming increasingly more stringent while broader service demands are mandated by state and federal regulations.

It is within this operational context that thousands of newly licensed nuring home administrators look forward to their newly emerging role as health professionals. Through varying degrees of training and frequently with limited academic preparation the great majority of practicing nursing home administrators have been fully licensed on a permanent basis subject primarily to meeting minimal continuing education licensure renewal requirements. As the functional problems of organization for licensure of administrators have been mastered by state licensure boards they have turned to upgrading of entry level standards and the problems of reciprocity between states. The capacities of individual nursing home administrators to render effective professional leadership in light of increasing demands and greater organizational and community-wide responsibilities will be enhanced through a sustained lifetime program of continuing education.

Continuing Education

Major efforts directed to the improved performance of nursing home administrators have the greatest potential for effecting organizational progress.

The validity of this emphasis is sustained by the nature of the leadership role and legal obligations for competency performance imposed upon the licensed nursing home administrator. The fullest potential of effectiveness of the administrators may not be realized without reduction of the inadequacies that frequently exist in the knowledge and skills of staff personnel at all levels within nursing homes. A commitment to the continuing training of all nursing home personnel will directly facilitate further improvements in patient care and staff effectiveness.

All continuing education must be oriented towards facilitating a positive and willing approach to personal improvement. Such improvement may be reflected in upgrading of knowledge and skills, in enhanced work efficiency and effectiveness and in the development and maintenance of favorable attitudes conducive to personal mental health and a constructive personal philosophy of work.

The implied punitive aspects of the necessity for fulfillment of licensure renewal requirements and the frequent lack of relevant training opportunities have somewhat detracted from a greater responsiveness by administrators to educational offerings of an untested quality. The considerable success of the approved program offerings of professional organizations such as the American College of Nursing Home Administrators stems from careful selection of well planned curricula with presentation by highly qualified faculty with sensitivity to student needs in a lively manner allowing for student-faculty interaction. These factors have led to favorable participant evaluations, a vital element in program improvement and justification.

Academic Preparation

The options for academic preparation of the long term health care administrator are only beginning to materialize into identifiable patterns. These patterns may be more reflective of the present early state of advancement of this field as a distinct specialty than as a true representation of the format for academic programs to come in the future. What does the current state of higher education in this field reflect? Most notably there is the distinct trend to progressive acceleration of the level of academic offerings. Without the benefit of a current national audit of program offerings, it is suggestive from samplings of the field that the early short term cram programs of pre-licensure days have given way to initiation of associate degree programs and full four year undergraduate programs.

The most common form of current academic offerings features health administration in a broad spectrum with varying degrees of emphasis on elements of long term care. An issue of major significance that is still to be resolved is the appropriate level of concentration on distinctive elements of long term care in the undergraduate health administration curriculum. If the claim of leading practitioners that licensed nursing home administrators are now health professionals is to be validated, then at the very least new entrants into the field must possess a full undergraduate education at the beginning level of practice.

There are thousands of outstanding practitioners in the field who merit full professional status in this specialty. Such recognition is based upon their demonstrated attainments over the decades when their personal contributions led the field and served as the basis for formulation of the currently emerging body of knowledge. A corollary exists in the greatly expanding field of gerontology where ninety per cent of the leadership and current practitioners have been educated in other related specialty areas. The trend of education of nursing home administrators has been influenced directly by state boards of licensure for nursing home administrators who have generally set forth an escalation of entry level academic requirements for licensure in the field. The past recommendations of the National Advisory Council on Nursing Home Administration for eventual preparation of entry level administrators at the masters degree level in the 1980's has strongly influenced a future standard to be hopefully achieved. In a related health profession, nursing reflects some of the conflicts experienced in health care administration as both areas of practice experience a major shifting of educational preparation to institutions of higher learning. In nursing after several years of emotion laden discussions on the matter of the status of registered nurse graduates of three year diploma schools of nursing there is now re-affirmation of the designation of diploma school graduates as "professional nurses." A lot of unnecessary agonizing over the professional status of nursing home administrators will be avoided through acceptance of the licensed nursing home administrator as the health professional he aspires to be. Those administrators in need of further formal career development should be afforded opportunities to progress in this direction while continuing to fulfill their customary service roles.

Program Requirements

What are the needs of an individual concerned with long term health care administration while at the undergraduate level? No set mold will satisfy the needs of all individuals aspiring to enter this profession. The state of the art is such that emerging insights into curriculum structure may best be guarded and be made subject to revision based on continuing evaluation of the current relevancy and value to graduating students. Some basics must now be considered in academic planning, such as the degree of concentration on subjects in the major field in both the two and four year programs.

The two year associate degree program may serve as an intermediate point leading to an indefinite time span of work experience coupled with subsequent academic preparation in a plan of career ladder development. Planning for such graduates may appropriately provide for a greater concentration of subjects within the area of concentration of health care administration than would be the case with four year students. Recognizing that the individual's general education is of prime significance at this formative stage for future professional development, it would be advisable to limit subjects in the major field and closely related areas to one half of the total curriculum offerings. Accordingly, a two year graduate might complete the following representative and by no means all inclusive courses in his health care administration major and related areas: The American Health Care System--6 credits; Organization and Administration of Long Term Care Facilities--6 credits; Decision Making in Health Care Administration--3 credits; Seminar in Health Administration--3 credits; General Accounting--6 credits; Business Law--3 credits; and Independent Study or Field Training Practicum in Health Administration--5 credits. The two year graduate might then be capable of assuming responsibilities as a trainee or enter into a beginning level position in middle management. Professional advancement of the graduate at this level would be limited by the notable lack of depth in both professional and general academic preparation.

Potential additions to the curriculum for the four year graduate might include courses such as those that follow: Statistics, Personnel Management, Psychology of Aging, Corporation Financial Accounting, Economics, Purchasing and Human Relations and Supervision. An important consideration in structuring either the two year or the four year curriculum is the progressive development of a foundation for study, starting with the first two years and leading in an orderly progression to the junior and senior years as well as to graduate studies at an advanced level.

In citing hospital administration as a newly emerging profession, Wrenn reflects upon the competition of undergraduates for positions with alumni of the graduate programs as being detrimental to the public and the profession.[1] At present the availability of students from graduate programs in long term health care administration is highly limited to a few programs with long term health care options. Accordingly the potential analogy with hospital administration is one that may only be projected for the future. A recent survey of frequency of placement of graduates from twenty-eight graduate programs in hospital administration in long term care situations indicated that eight had never placed a student in long term care and the remainder reported almost never or occasionally.[2]

In light of current reality the predominant program for the remainder of the seventies will be the four year undergraduate degree offering in health care administration as a broad general base for beginning level professional practice. The increasing existence of such new undergraduate programs will force a new challenge of competition coupled with a necessity for higher professional performance levels for those who would accept the future rigors of graduate preparation in this specialty. Clearly stated, educators will face much the same dilemma they now experience when they accept responsibility for teaching beginning course content to experienced practitioners who have been largely successful in coping with most of the practical problems in the field. There is a relative disadvantage of the undergraduate educator speaking from a theoretical base of knowledge, sound as it may be, to the knowledgeable practitioner. This difficulty may be magnified further if future graduate offerings fail to present effectively both an advancement of knowledge and depth of scholarly mechanisms which may properly make the graduate preparation a rewarding experience for the four year major in health care administration. It is likely that the percentage of nursing home administrators with preparation at the masters level in the specialty will increase only gradually in the early years of development and then more rapidly after the 1980's as the majority of newcomers to the field present such basic preparation at their beginning level of practice.

Graduate programs in long term health care administration may be faced with the special needs and commitment to two categories of students. The first and relatively more important will be those who are experienced administrators with undergraduate preparation in areas other than health care administration and those with specific preparation in health care administration with an option or emphasis in long term care. The expectations, needs and demands of these students will differ from those in the second category, namely students with undergraduate preparation in areas not distinctive to long term health care administration who have not had any experience in the field. Experience in graduate programs in hospital administration has demonstrated that students with such varied backgrounds may jointly undertake a common graduate curriculum when appropriate attention is directed to individual student needs.

Administrator in Training Programs (AITP)

Derrill Meyer in reporting on the November 14-15, 1972 recommendations of the Education and Research Committee Task Force of the American College of Nursing Home Administrators, cited that a planned and strengthened internship should be required for all those entering the field, regardless of previous background or training.[3] The report further recommended that curriculum for administrators in-training should include:

(1) rotation through each department of the institution
(2) reading and writing assignments
(3) project assignments

and other planned learning experiences including acquisition of knowledge about other health and welfare organizations in the community.

In spite of widespread support for the internship program, also commonly called the administrator in-training program or AITP, prudent judgment would demand that individual determinations be made at each institution of higher education concerning whether an AITP option is desired and if it is, what parameters are required to insure the academic soundness of the undertaking. Limitation of the experiences of the trainee within a single facility presents a narrow perspective that fails to reflect the multiple relationships inherent in the normal dealings of the long term care facility and the broad community within which it is located. The AITP must be viewed from the prime purpose of meeting individualized student academic needs. In this context service requirements for the field training institution must be purely subordinate to learning priorities. In like manner licensure board regulations that may be inconsistent with sound academic objectives should be modified through mutual constructive discussions, or discreetly ignored in cases of inflexibility or unresponsiveness.

This writer in reporting at the First National Symposium on long term care education presented the following additional insights into administrator in-training programs.[4]

The administrator in-training program (AITP) provides a mechanism for combining characteristics of both training and experience in a unified educational opportunity. The AITP is most appropriately goal-directed to meet the individual needs of student participants. The AITP is academically planned and supervised. It requires close cooperation between the student trainee, his faculty advisor and field preceptors appointed by the participating college or university. Individual programs may be directed to the limited goals of satisfying state licensure requirements through completion of specific training time requirements in prescribed subject areas.

Formal academic preparation should be completed before the start of the supervised study and functional practice inherent in the AITP. Long-term care administration is currently in a transitional state of advancement to higher levels of academic preparation as a requisite for entry into the field. The AITP that is pursued in conjunction with an undergraduate program might best be classified as an internship while graduate level preparation should be distinguished as residency training.

The range of potential experiences in the AITP is widely diversified without any single training modality emerging as uniquely superior above other alternates. The essence of the training program for the administrator is the engagement in functional administrative practice under controlled supervision. Each training program should provide a variety of experiences calculated to maximize the professional administrative growth of each trainee. The level of such growth should be consistent with his abilities and past preparation, coupled with the unique training opportunities provided within the organizational resources and facilities being made available under each training program. Training for the health administrator should deal with elements that are distinctive to health facility operations with latitude for related involvement in broad community affairs. The development of the successful training program entails the challenge for adequate flexibility to provide a variety of opportunities that meet individual student needs. The nature of the training program within this framework must provide for the needs of entry level students as well as for skilled practitioners seeking advanced or post graduate administrative training. At this early state of development of the AITP for long-term care administrators there is a need to examine the rational justification for and continuance or modification of such programs.

The most common model AITP seems to be directed towards is assignment of the student to a single facility under the direction of a licensed administrator serving as preceptor. The influence of the academic faculty on the student during this period is limited, even under the best conditions of periodic field supervision and evaluation of student and preceptor reports. The student with minimal academic background or knowledge in the field is ill prepared for maximum gains from the training program. Preceptors assume additional burdens when academic preparation of trainees is limited.

What assessment of the AITP is warranted in light of incomplete knowledge and virtual absence of validating research? Empirical data suggests that several viewpoints be considered. Limited preparation of the undergraduate trainee reduces the sharing and exchange potential with the preceptor, department heads and other staff members. At the same time the trainee is more apt to be limited to observational rather than supervisory experiences. The attendance at meetings, participation in problem solving and administrative planning processes and the close observation of repetitive interactions by the trainee with operational matters, will provide invaluable insights for the trainee that could not have been gained in the classroom. The limited actual practice of administrative skills is an important introduction to administration with fuller accountability during subsequent employment.

In light of emerging experimental and innovative curricula offerings in institutions of higher education, all of these options may merit the granting of formal degree credit for satisfactory performance. Suggested criteria for evaluation of program goals include success in attainment of stated learning objectives, skills development, behavioral change of the trainee and his effect on others and problem solving effectiveness. The quality of the educational experience of each AITP and its relevance to achievement of the academic goals encompassed by the degree will determine the justification for degree credit offerings. Accordingly, there should be a general discouragement to granting degree credit for training experiences that essentially satisfy a time-in-service requirement for licensure or licensure renewal without a concomitant in-depth academic commitment. The granting of degree credit for generalized life experiences or for a progression of administrative experiences is to be discouraged because of the dilution of the quality and relevance of academic preparation as a criterion of professional achievement. Imaginative assessments should be made of the knowledge, skills and capabilities of skilled and mature administrators lacking elements of formal academic preparation with a view towards objectively granting challenge or equivalency credits applicable to degree requirements where knowledge and proficiency are evaluated at a high level.

A common pattern of the AITP for long-term care administrators will most likely focus on the unique needs of the long-term care patient or resident. There is ample reason for the student to consider the benefits of actual employment in an administrative position, or the completion of an additional academic year, instead of the internship during or after a two or four year program. The case for an administrative residency in conjunction with a graduate program in health administration will be governed by policies of individual institutions of higher education. Ten graduate programs in hospital administration have discontinued the traditional administrative residency in apparent favor of the greater advantages of additional academic preparation over the residency experience.

A new channel of educational leadership appears indicated for the AITP for the seasoned administrator. It may reflect itself as a senior residency program with unique partnership elements. A new dimension of guided growth potential coupled with functional improvement is afforded through this broadened training mechanism. In such a program the objectives would be developed in common by the administrator and the faculty advisor. A plan of guidance, support and evaluation would be undertaken with the faculty advisor being in close continuing communication with the administrator trainee. The use of a preceptor and the nature of his services in such circumstances would require an individual with high level specialty skills, who would employ them on a supportive or developmental level focused on specific objectives for the trainee. Such preceptors should be officially recognized with appropriate faculty appointments. A panel of preceptors representing leaders from a range of specialty areas in the health field might serve trainees on a rotating basis, or when their specialty became a focal point during the training cycle.

Independent Study Programs

Dressel and Thompson define independent study as describing an ability to be developed in some measure in every student with characteristics such as motivation, curiosity, a sense of self-sufficiency and self-direction, ability to think critically and creatively, awareness of resources, and some ability to use them.[5] Independent study programs offer the promise of broadening the flexibility and value of teaching offerings for nursing home administrators. An initial unit of three courses has been completed at the W. K. Kellogg Foundation supported Regional Center for Long Term Care at the University of Minnesota. The three courses cover the following themes:

(1) administration of long term care facilities,
(2) services for long term care patients, and
(3) critical issues in aging.

These courses are available for use by colleges throughout the country. The concentration of resources for independent study on a national or regional level may afford an invaluable service opportunity while at the same time reducing a duplication of faculty and the scope of on-site program offerings.

Ultimately, selected students might complete a major or minor in a sequence of independent study offerings in long term health care administration and finalize their other degree requirements through completion of residence courses at a local institution of higher education suitable for providing the general educational base required by all students. Program offerings in long term care are also available through the Catholic Hospital Association, St. Louis, Missouri, and George Washington University, Washington, D.C.

The Open Curriculum

Long term health care administration is in a totally open state of development. The proven experience of traditional successful practice in other health fields will no doubt make important contributions to the growth and progress of this new area in the health profession. The field has demonstrated a great responsiveness to constructive change, most notably during the past decade. There is a wide diversity in the professional aspirations and potentials of the practitioners in the field. Significant thousands of today's administrators will continue to serve for the next twenty to thirty years and assume the top leadership roles in the profession and in the nursing home industry. This irreplaceable resource of talent and abilities must be bolstered further in the fulfillment of their service potentials by every mechanism that will enhance effectiveness of educational efforts in their behalf.

One important means for better fulfillment of the educational potentials of these administrators is the open curriculum in long term health care administration. A detailed study of its concepts and possible applications in long term health care administration appears to be warranted. This is a time when a full exploration of the widest range of meaningful pathways to relevant education for long term health care administrators is both possible and practical. Vested interests in program design and practice have not become molded by time or the forces favoring inertia. Educational leaders together with the professional leaders from the field of practice owe a special duty to foster appropriate aspects of an open curriculum system that will best serve the long term interests of the field. Following are some open curriculum concepts and definitions that have applicability to the field of long term health care administration:

> An Open Curriculum is one which incorporates an educational approach designed to accommodate the learning needs and career goals of students by providing flexible opportunities for entry into and exit from the educational program, and by capitalizing on their previous relevant education and experience.[6]

Other distinctive Open Curriculum patterns identified for study purposes concerned the previously licensed student admitted into a program designed to build upon a prior level of education; the student with some past education or experience in the specialty area or health-related programs admitted with advanced standing into a basic program in the specialty; the student is admitted to a specially designed program which prepares for multiple exit credentialing (career ladder) and finally, the student is awarded a degree or certificate on the basis of successful demonstration of acquired knowledge (external degree) rather than attendance and completion of a particular program.

The External Degree

The external degree is an academic degree characterized by completion of educational requirements outside of the more prevalent mode of classroom instruction within the degree granting institution. The University Without Walls, (UWW) is sponsored by the Union for Experimenting Colleges and Universities which was organized in 1964.[7] Located at Antioch College in Yellow Springs, Ohio, it was originated by faculty members of the collaborating institutional members for cooperatively conducting innovation and experimentation in college teaching. The UWW program is individualized with progress of each student determined by his own abilities and the resources available to facilitate completion of the plan of action agreed upon with faculty teacher/advisors who ultimately evaluate his accomplishments in terms of criteria which merit the awarding of a degree. The term university without walls has been used widely along with the term Open University to describe programs of individual higher education institutions that offer non-traditional experiences with and without degree credit.

The selective utilization of aspects of the external degree, the Open University and the University Without Walls offers a vitally important potential for an invaluable contribution to the most effective upgrading of current practitioners in long term health care administration. The novelty of new programming ideas must be kept judiciously clear of any appeal as gift horse methods of facilitating degrees at a price or for convenience. Major needs exist in the field for more systematic development of curricula and the expansion of the knowledge base and philosophical considerations specific to long term health care. The professional organizations serving the administrators are reflecting impressive growth and new service capacities for upgrading the field. These background factors present a challenge and unique opportunity for the educators in the field to unite efforts to the end that knowledge and practice will be improved for the optimal service we all seek for long term care patients.

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PART VI

GOVERNMENTAL RESOURCES IN EDUCATION FOR AGING

CHAPTER 15

STATE DEPARTMENTS OF EDUCATION AND STATE OFFICES FOR AGING AS RESOURCES IN RELATIONSHIP TO EDUCATION FOR AGING

Henrietta F. Rabe

Primary responsibility for administering state laws governing education rests with the state departments of education or instruction; and it is that unit of government which, to a large extent, influences the extent of educational opportunity and the quality of education in any given state. With few exceptions, state departments of education are committed to an educational system which makes it possible for persons to educate themselves at any stage of life. This nation has a long tradition of public school adult education, first conceived as an extension of elementary and secondary education and, more recently, as an open end, comprehensive program, built on the interests and needs of individuals to be served and the needs of the community.

With few exceptions, public school adult education programs, and those offered through community college are available in every size community. To be sure, however, adult education differs markedly in different parts of the country, as reflected by the fact that fewer than one-third of the school systems have full-time directors of adult education.

In a few states public school adult education is supported, at least in part, by state aid, with federal aid available for a few specific areas. One such area which has relevancy to older adults is adult basic education.

For the most part today, public school adult education and community colleges have to be operated on a self-supporting fee basis. Thus, any consideration of education for aging must, of necessity, include the question of how to finance it.

To assist schools in the development of comprehensive programs of adult education, it is the traditional role of a state education department to provide: (1) a technical support system, staffed by professionals with expertise in many areas of education; (2) instructional guides and materials built on current educational research and practice; (3) demonstration and experimental projects, where desirable and necessary; (4) interagency and interorganizational relationships with government and nongovernment agencies; (5) interpretation of educational goals and needs to the state legislature and to the general public.

In furthering the goals which have been articulated in education for aging, it is apparent, therefore, that state departments of education must not be overlooked because of their influence on public school adult education, and, in some states, on community colleges. State commissions or offices of aging, concerned with total services to the aging, another important state agency resource, are also included in this report.

The White House Conference on Aging

The 1971 White House Conference on Aging, as with the two previous national conferences on aging, resulted in a number of specific recommendations which grew out of the section on Education. One such recommendation specifically identified the state department of education as having major responsibility for the implementation of many of the recommendations coming out of that section, namely,

> Primary responsibility for the initiation, support, and conduct of education programs for older persons must be vested in the existing educational system, Federal, State and local, with active participation and cooperation of specialized agencies. A Division of Education on Aging should be established in the Office of Education immediately, to initiate supportive educational services for the aging. Similarly, all State Departments of Education should designate full-time responsibility to key staff for the development and implementation of programs in education for aging.

Currently it appears that for the country at large, only two state departments of education have designated full-time staff to serve as specialists in the field of education for aging, namely, New York State and Florida; and both of these states now have a network of public school and community colleges providing classes for older persons, classes on aging per se, and some form of training for persons working with the elderly at the paraprofessional level. Some of the nation's larger city school systems have staff responsible for this phase of their adult education programs, notably a number of cities in Florida. The Los Angeles school district has long had a gerontological specialist.

To date the U.S. Office of Education has made no attempt to implement that part of the recommendation which calls for the establishment of a Division of Education for Aging within the U.S. Office of Education. This seems to be a necessary first step in any expansion of educational opportunities for older persons on a national scale.

Educational Planning for the Aging--A Multiple Approach

Throughout the country at least 10 per cent of the population is 60 years of age and over, and considerably higher in some areas. Although there are problems common to many older persons, the differences among them are very great in terms of educational background, health, economic well being, motivation, and goals. These wide differences necessitate a multiple approach in planning educational as well as other services. This, too, was articulated as one of the recommendations in the Section on Education of the White House Conference:

> Education for older persons should be conducted either apart from or integrated with other age groups, according to their specific needs and choices. Where feasible and desirable, the aged must be granted the opportunity to take advantage of existing programs with both old and young learning from each other. However, alternatives must be provided which emphasize the felt needs of the aged at their particular stage in the life cycle.

Opportunity for choice is one of the characteristics of American society, and so it should be for America's aging citizenry. In educational planning for older persons, it is important to make provision for choice or for alternative systems. Although most of today's older men and women participating in adult education classes prefer nonsegregated classes from the standpoint of age, large numbers do have a preference for participating in programs with their peers. Their preference is for daytime hours, classes with no rigid requirements or tests, an opportunity to make an input into such classes based upon their life experiences, and classes offered at a convenient location. Tuition is also a major consideration for most of today's retirees.

Thus, in its efforts to stimulate increased educational opportunities for older persons, state departments of education must encourage daytime adult education in addition to the more traditional evening programs, and for tailoring classes to insure that they do, in fact, meet the interests and needs of those persons whom they intend to attract; and that schools seek out community partnerships for making possible educational opportunities in nonschool settings.

State departments of education have another traditional role, namely, that of developing curriculum materials for use by the schools. Since many of the existing attitudes toward aging are shaped early in life, curricula in social studies, in family life, in health education, clearly need to be made to reflect newer attitudes toward age. Similarly, state departments of education should encourage the schools to help people to plan for the retirement years, just as it does in planning for the working years.

Adult Literacy Programs for Older Persons

Title III of the Adult Education Act of 1966 (PL 89-750--Adult Basic Education), commonly described as literacy programs for adults, is administered through state departments of education. Basic adult education, designed primarily for adults with less than 8th grade literacy, focuses on reading skills, comprehension, and basic arithmetic. However, it is also available to those with more than eight years of schooling if functionally illiterate and dependent upon others for meeting daily living skills requiring reading, writing and figuring. Many of today's older adults are "rusty" or out of practice, and could be helped to renew their literacy skills and obtain knowledge in areas of consumer education, health, nutrition, and citizenship education. For such persons basic adult classes have special value permitting as they do a great deal of individualization, through utilizing individual lesson plans, cassette tapes, filmstrips, worksheets and charts.

Basic adult classes permit a student to work alone or in small groups, using the available materials to help solve many everyday problems. In each case the individual student and the guidance counsellor at the learning center develops a plan to determine the best way to rebuild skills. Through the consumer materials, an older person can discover ways to improve his buying habits, get more for his money, and avoid buying pitfalls. Through citizenship education materials, he can be helped to make his feelings known to government. Through health and nutrition materials he is helped to maintain better health by getting the necessary medical checkups and health care. He can be acquainted with health and social services offered locally and regionally.

In some school systems adult learning centers have student government organizations through which the participants assist in the governance of the center and help determine the direction their education shall take, such as selecting speakers, making decisions on choice of social and cultural events, etc. This aspect of basic adult education has special relevancy to older adults.

According to the latest U.S. census data, persons 65 and over average 8.7 years of schooling. Although this is not to be equated with measure of ability, there is reason to believe that many of today's older men and women could benefit appreciably from adult basic education. Although the N.Y. State Education Department reports that a little under 10 per cent of its Title III, AFE students are 60 years of age or older, for the country at large the older adult largely has been ignored in the recruitment of persons for ABE classes, the emphasis being placed on people in the working years.

State departments of education, responsible for the allocation of federal funds for ABE classes and for their supervision, should be made more accountable for what the schools are doing for older adults who could benefit from ABE classes and who are desirous of participating.

Technical Assistance to the Schools

The public schools expect from state departments of education technical assistance with respect to innovations in education, research findings, and educational practices for meeting current social and economic problems. Were state departments of education to make available to school administrators and teachers a resource person knowledgeable in aging, it would help them to better understand the nature of education for aging, how classes have to be tailored, how to recruit older persons, where to look for resources, and what is needed in the way of leadership skills for working with older persons.

Such a resource person, working at the state level, would have established a network of relationships with other state agencies, organizations, and institutions responsible for providing services for older persons and could, therefore, identify their counterparts locally with a view to effectuating a cooperative relationship between the schools and other community agencies, each providing that which it is in best position to make available. This would insure that the services of the school would become an integral part of total services being planned locally.

A state education representative could also make school administrators more aware of other ways by which the public schools could be used as community resources--use of school facilities for special programs, use of school busses for transportation of older persons to cultural and educational programs, participation of the elderly in cultural and athletic events sponsored by the school, elimination of tuition fees for persons over 60, use of the school cafeteria for lunches for the elderly and as a site for administering federally funded nutrition for the elderly program including discussion groups on nutrition.

A state department of education can also help school administrators to see the need for working with other community leaders to create services and attitudes by which older persons can be enabled to retain their independence, their dignity, and their citizenship roles. School administrators can also be helped to understand that the retiree, who must continue to carry a heavy burden for the support of the schools, should benefit in some direct way from what the schools can provide.

Instructional Guides and Materials

After identifying the educational needs of persons past the middle years, state departments, staffed by professionals representing a wide range of interests, are in a unique position to translate needs into organized bodies of guides and teaching materials based upon up-to-date research in the field of aging; to prepare audio-visual materials and bibliographies for wide dissemination and use.

Courses of study, such as the following, are typical of what has already been developed in education for older persons:

- Health for senior citizens
- Nutrition for the middle years
- Safety in the home
- Consumer concerns for retirees
- Stretching the retirement dollar
- Finding a supplemental income
- Refresher driver training
- Preretirement education
- Training for community service
- Estate planning

In the preparation of education materials such as the above, their relevancy was tested with persons who are to be users of the material. This principle was included in recommendations which grew out of the section on Education of the White House Conference.

Since much adult education is being offered through senior citizen centers staffed heavily by retirees, curriculum materials are urgently needed for roles which older persons perform in such settings. This includes leadership training, techniques of group discussion, training for community service, techniques for achieving social action. Such materials, prepared and disseminated by state departments of education, would have far-reaching effect on large numbers of older men and women.

Experimentation and Demonstration

At all levels of education there is a search for alternatives to the traditional classroom approach and standard school curricula, including new and experimental approaches in continuing education. Independent study ranks foremost on the educational scene, ranging from elementary education to collegiate study. The implications of this are tremendous for the older adult. More than ever before, he will be able to pursue guided study at his own pace and within the convenience of his own home, by means of educational television, correspondence courses and other off-campus study. He will be encouraged to use his knowledge and rich life experience in establishing college credit, should he so desire. More and more older persons are seeking a high school equivalency diploma for sheer personal satisfaction. Many are taking college proficiency examinations, to establish college credit, administered through state departments of education. Educational television now has a limited market among retirees, but there is a better response for courses beamed directly at the older adult.

With these growing opportunities for independent study, what is sorely needed, and lacking for the most part today, is educational guidance readily available to older persons. Were the schools to provide such direction, large numbers of older persons would avail themselves of the service. Some schools do make provision for counselling in their adult education program. For the nation at large, however, this is limited or nonexistent. Clearly, state departments of education should encourage a greater use of guidance counsellors in adult education with special attention given to retirees who, sometimes for the first time in their lives, are able to engage in study to achieve new goals for life in the later years.

Institutes for retirees offer another alternative to traditional classroom study, with retirees who have knowledge and rich experience in the particular subject, serving as instructors. Such institutes are cropping up under different auspices in different parts of the country and hold great promise. These appear to be ideally suited for sponsorship in an adult education center, either public school or community college operated.

The Institute for Lifetime Learning, a division of the American Association of Retired Persons - National Retired Teachers Association, is operated in two major cities for their membership, as are a growing number of extension institutes in different parts of the country. These institutes, or schools for retirees, staffed by highly competent instructors have become prototypes for similar programs sponsored by an increasing number of educational institutions.

It is this type of experimentation which can be encouraged by state departments of education, as recommended in the section on education of the White House Conference, namely,

> State Education Departments, with its access to all size school systems, is in the unique position to have demonstrations and experimentations in multiple forms of providing education for aging.

Training

In large measure the success of educational programs for older persons will be dependent upon an understanding of the psychological and physiological aspects of aging, how to motivate the older person, and how to individualize teaching. It requires insight into the desire of most older persons to share their years of experience in the teaching-learning situation.

Leadership in many senior groups is being provided by paraprofessionals or in some cases by professionals who have little understanding of the changes of later life and their implications on learning. In some cases the retirees, themselves, serve as group leaders, sometimes with little understanding and limited skills for performing some aspects of this new role. The need for training at the paraprofessional level is great--both preservice and inservice; and state education departments should take the initiative to provide such training opportunities in cooperation with local community colleges and other educational institutions.

Interagency Cooperation

Increasingly, agencies, both public and private, are recognizing the need for a multiple-agency approach. The state department of education, of necessity, maintains close ties with state health agencies, mental health agencies, social service agencies, recreation agencies, as well as with their counterparts in the private sector. These interagency ties help to minimize duplication of effort, and strengthen the resulting services. State departments of education are in an excellent position, therefore, to open the doors to cooperative relationships at the local level between the schools and local, county, or regional operating agencies with which active partnerships can be established. Senior citizen centers typify one such agency wherein the schools would have comparatively easy access for providing educational programs for the aging.

Interpretation of Educational Goals and Needs to the State Legislature

In preparing its annual education budget for the executive and legislative branch, including aid to the schools, the state education department clarifies and makes a strong case for what is needed to support educational change. The legal division of state education departments work closely with the education committee of the State legislature in order to get the necessary support for such change. It is extremely important, therefore, that the needs of education for aging be well understood by the executive staff of the state education department and by the commissioner of education and that it have their support. To work toward this end, it is highly important that the commissioner of education or his designee be a member of an interdepartmental committee on problems of the aging, under the chairmanship of the state office for aging and for that office, in concert with all state agencies, to serve as advocate for needed services and for change.

State Offices and Commissions on Aging

Within any given area, the state office or commission on aging is charged with responsibility for stimulating the development and coordination of federal, state, regional and local programs for the aging, and for keeping the general public informed regarding available assistance. State commissions maintain high-level state relationships--with the office of the governor and with the heads of state government departments and agencies having programs and services for the aging.

State offices for aging are also responsible for implementation of Title III (and other titles) of the Older Americans Act of 1965, which provides funds for planning, demonstration, service and training programs.

State offices or commissions on aging have now been established in every state as the viable, legally based and professionally staffed agency responsible for the development and implementation of a comprehensive program of services for the elderly and for administering the state plan required for making grants. They serve as advocates and spokesmen to government and the private sector on behalf of the older citizen.

In education as well as in other services, state offices for aging should be regarded as a major resource. In certain parts of the country whatever educational programs developed were largely the result of dialogue and regional and state conferences stimulated or convened by state offices for aging.

In administering Title III of the Older Americans Act, state offices for aging have encouraged and facilitated experimentation with multiple approaches to education for aging, providing funds for staffing, for researching local needs, and for developing cooperative relationships. A number of state offices for aging made grants to senior centers to develop multi-function programs, including comprehensive adult education classes as an integral part of same.

A number of state commissions on aging have also made grants to community colleges in different parts of the country to organize special classes on the campus for older persons and to initiate off-campus classes in settings where there are clusters of older persons, such as in senior centers, nursing homes, and housing for the elderly. Time will tell whether such programs will continue after the termination of funding; nontheless, these projects will show what is feasible for involving large numbers of older persons in continuing education.

As a result of stimulation and encouragement from state commissions or offices on aging, many two-year community colleges are taking an active interest in serving older adults in the belief that retirees are excellent material for collegiate study. Since the community college has great flexibility and adaptability in terms of its program, it is readily responsive to community needs as they become known. As a result, classes designed for older persons, as well as classes for persons working with the elderly are increasingly being offered by community colleges throughout the country.

In establishing such classes, community colleges are faced with the same need for accommodation as has been the public school, namely, daytime classes, classes offered on a non-credit basis; a pleasant surrounding for such classes instead of the traditional classroom, convenience of location, instructors carefully selected for their ability to relate effectively to older persons. As to course selection, there is interest, of course, in some of the regular college courses, particularly the humanities and subjects of an avocational nature offered at a time and place convenient to their needs. However, the preference to date appears to be in classes, the content of which has special relevancy to life in the later years.

Some of the courses being provided by community colleges in senior citizen centers range from basic English and basic mathematics to techniques in achieving social action, psychology of aging, as well as such contemporary interests as women's liberation, today's youth, and Afro-American culture.

In some cases the leadership for such courses has been drawn from graduate students from a variety of disciplines, including education, psychology, sociology, library science, and law. The course offerings grow out of the expressed interests of the members of the senior centers, thus enabling them to assume greater responsibility for identifying their interests in the selection of courses. Imagination and motivation in course selection is encouraged.

Community colleges throughout the country are convening seminars and conferences on aging designed to create a dialogue between older people and public officials, and with senior citizens and educators to discuss their educational needs and how it can best be met.*

Putting It All Together

There really are no solid statistics for any part of the country as to the number of older persons pursuing study in educational institutions in the regular program as well as special classes. In truth, in planning services for the elderly, nationally, statewide, or locally, education has never had high priority. This is reflected in the recommendations made prior to and resulting from the White House Conference deliberations, but perhaps is explainable when equated with such basic human needs as income, housing, transportation, and health services. Most of today's older persons feel education is not a necessity and is something which the individual can take care of himself if he so desires. This rationale, however, is no more specious for the older adult than it is for persons of other ages. For most older persons continuing education can help prevent many pitfalls; for others it can mean a new life goal. As such, education for the older person must not be permitted to remain at the bottom of the list of needed services.

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*SERVING THE NEEDS OF RETIRED PERSONS, Charles R. Carlson, Community and Junior College Journal, Vol. 43, No. 6, March 1973, p. 22.

Notwithstanding the above, reports throughout the country indicate that a larger number of older persons are being enrolled in educational programs than ever before, that older men and women are going back to school in ever-increasing numbers at all levels--basic education, high school equivalency, classes to enhance their leisure, noncredit college study as well as study towards a degree. Increasingly, retirees are discovering that truly "man does not live by bread alone." Many older persons are trying to fill the emptiness of retirement living with some kind of challenge and responsibility, and finding the pursuit of learning a satisfying substitute for work. They are discovering the satisfactions that come with learning even at an advanced age. For some persons this means study in classes made up solely of their peers; for others independent study; for still others, study in classes conducted within the schools, colleges, libraries, and other institutions such as AARP's Institute for Lifetime Learning.

Whatever is available in this country through public adult education has been achieved with local support. Funding of educational projects under Title III of the Older Americans Act and under the Higher Education Act has been minimal, a mere token. It has been the assumption of the federal government that the costs of education for the elderly should be borne by the educational institutions which are publicly funded. However, this is erroneous thinking in view of the grave financial problems facing the schools. Nor can the schools be expected to continue a program, even where already initiated without some outside support. To impose tuition fees would be self-defeating in view of the inability of older persons to add this cost to their all-too-slim retirement budgets. If educational institutions are to expand their programs to serve the elderly, they must be given financial reimbursement for paying staff, for planning programming for older persons, for getting input from the elderly, for paying for experimentation, and for instruction.

On the state level, full-time staff is needed within the state education department's division of continuing education with responsibility for providing technical assistance to the schools, for preparation of instructional materials, for conducting experimentation and demonstration in concert with other groups, for providing training as needed, for establishing interagency relationships relating to aging, and for making recommendations to the office of the commissioners of education regarding needed legislation.

State commissioners of education must be committed and act as strong advocates of lifelong education. They must be willing to accept responsibility for seeing that the schools get the necessary financial support for continuing education, including a comprehensive approach to education for aging. They must be willing to take a strong stand on the need for the schools to serve the educational needs of the aging.

Some form of state or federal aid is essential and there is no good argument for not extending the federal aid now going to adult basic education, to occupational extension, and vocational rehabilitation to include educational services to the aging.

It is encouraging to see changes that are now taking place in new services to the aging, largely through the efforts of state offices and commissions on aging which have become a permanent part of city, county, and state government.

It is equally heartening to see demonstration projects, initiated with federal grants, which have been so successful that they have become a permanent part of local and regional services. There is little logic, however, in establishing a network of needed services, with no provision for an ingredient as important as continuing education. In today's fast-changing world, with changes occurring at a rate sometimes incomprehensible, it is of utmost importance for older persons to be helped to keep abreast of changes, not only for the well-being of the individual but to insure that his weight as a citizen comes from knowledge as well as experience. This will become increasingly important as we move into zero population growth, when the impact of older adults on the total society will be even greater.

The public school, present in all size communities, is the most readily accessible educational resource for older persons. This has special relevancy in light of the transportation problem facing many retirees. A public school program of continuing education is open-end. Adding new dimensions to existing programs poses no administrative problems if ways can be found to cover the cost of same. In the final analysis, therefore, state departments of education must find ways of financially helping the local schools to provide life-long learning opportunities for all who wish it, as well as education about aging designed for different sectors of the population.

Since the existing educational institutions have professional expertise and good facilities conveniently located, and so structured as to make whatever changes are required in a full-blown program of education for aging, it clearly is in the best interests of the general public not to fragment such education by relegating it to nonschool agencies. However, unless state departments of education show greater interest and take more affirmative action than has been true in the past, the schools will continue to play a minor role in services to the aging, and continuing education will lose some of its vitality as a force in later maturity.

PART VII

CONCLUSION

CHAPTER 16

EDUCATION FOR AGING: THE SCOPE OF THE FIELD AND PERSPECTIVES FOR THE FUTURE

Howard Y. McClusky

In the preamble to its report to the 1971 White House Conference on Aging the 269 delegates of the Section on Education declared that "Education is a basic right of ALL age groups. It is continuous and henceforth is one of the ways of enabling Older People to achieve a full and meaningful life. It is also a means for helping them develop their potential as a resource for the betterment of society."[7]

This preceding statement is essentially the consensus reached by hundreds of discussion groups held in the fifty states and five territories of the U.S.A. in preparation for the 1971 Washington-based Conference. Moreover, it is highly significant that this far flung aggregation of persons thoroughly representative of the target population came up with the proposition that the generic task of education is life long education for all persons of all ages and that education for aging should be regarded as a major component of this comprehensive enterprise.

One rationale for supporting such a global approach is the fact that everyone is aging and everyone has a stake in its opportunities and consequences. What this stake is varies of course with one's age and his life condition. If a person is 10 years old, his stake is one thing, if he is 40 it is another thing, and if he is 70 it is something else again. Aging then is an inclusive process. Whatever it means, it has meaning for persons of all ages and whatever it does, it does it to all.

This life span view counters the idea that aging is primarily a process of decline. It also counters the notion that aging occurs at a characteristic age, i.e. when decline begins. It is likewise at variance with the proposition that aging has nothing to do with development, i.e. with becoming something better. And finally it nullifies the idea that aging is something that happens only to the 'aged' and not to those moving through the earlier stages of the aging process.

There is a second basis for our support of a comprehensive approach to aging. This is our confidence in the role of education. While learning is usually defined as experiential change in behavior, we believe that this learning will lead to something better in the life of a learner. At the same time we believe that all persons are capable of learning; that not only the young, but also persons in the middle and later years are capable of an educative response to instructional stimulation.

Thus in any attempt to devise strategies and formulate perspectives for the future, it is essential to keep the foregoing generic character of the domain of education for aging in mind. For in an ultimate sense, any fundamental treatment of the field must include persons of all ages whatever their level of educational competence. As a consequence then we can divide the field of education for aging into two categories. One is education for and of persons in the later years. The other is education for and of persons in the early and middle years--in both cases about the course, processes, opportunities and goals of aging.

Education for and of Persons in the Later Years

The affirmation of the generic character of lifelong education should not obscure the fact that the highest priority in education for aging is that of education for, by and of the aged (persons in the later years).

This concern is the strategic point of entry to the larger field. It is the critical need and the undeveloped potential of persons in the later years (PLYs) which lends education for aging the uncompromising quality of its urgency.

As we attempt to envisage the future, say between now and the year 2000, we must reckon with three factors which will have compelling implications for the feasibility of our expectations. First, is the fact of earlier retirement. The recent acceptance by the Chrysler Corporation of the demand of the United Auto Workers Union for a sizeable pension after thirty years of service ('30 and out') is a large straw in a gathering wind. It is undoubtedly the beginning of a trend that will effect the whole field of employment.

Second, is the massive demographic fact that persons in the Later Years (PLYs) will in the near future become an increasingly larger proportion of the total population. It is estimated that by the end of the century, i.e. in little more than 25 years, one third of the population will be 60 years of age and older. Third, is the equally significant fact that because of improved health services, better nutrition, and practices of physical fitness, PLYs will have far more vitality in the years ahead, far in excess of that required by shuffle board and the rocking chair.

What then will be the bearing of these factors on education for aging? We would be naive if we should assume that the new leisure for PLYs will necessarily be devoted to educational pursuits; that as soon as the retiree leaves his job, he will aggressively storm the classrooms of high schools, colleges and universities, or throng the stacks of libraries, or crowd the corridors of museums and art galleries, and become 'unglued to the tube' (T.V.), bypass the ball park, the race track, the tavern, cocktail lounge, country club and fishing stream on the way. We are on reasonably safe grounds however in predicting that a substantial proportion of this new time will be devoted to instructional activities especially when strategies of delivery are adapted to the life styles of adults and the content of instruction is adapted to their basic interests and needs for survival.

But several tasks must be undertaken in order to achieve better programs for the education of PLYs. First, there will need to be a recognition by both the society at large and the potential participants themselves, of the right, legitimacy and appropriateness of PLYs to engage in educational pursuits. Frankly a full unqualified acceptance of this affirmation does not yet exist. We are well on our way to winning this affirmation on behalf of the middle aged. The middle aged are discovering that an "Old dog can learn new tricks." They are becoming convinced that they must continue their education in order to keep up with change in their jobs and elsewhere. Moreover, enough of them are dropping back into adult education programs conducted by high schools, community colleges and universities to make a return to some form of instruction a form of appropriate behavior. But we have a long road to travel before we can make a similar claim for PLYs.

Second, we must overcome the skepticism about the importance of learning in the later years--a skepticism based on the realities of diminishing life expectancy. To put the issue bluntly, why invest time and energy in learning when there are so few years left to learn? The skepticism revealed by this question undoubtedly accounts for the reluctance of the educational establishment to give much more than lip service to the education of older persons and at the same time accounts for similar reluctance on the part of many older persons to regard continuing learning as a viable option in their roster of activities.

In this connection it is relevant to report that when confronting the issue at the 1971 White House Conference on Aging, of whether to support education for persons in the later years (PLYs), (a) in terms of their life expectancy or (b) in terms of their numbers in the population, the criterion of life expectancy was emphatically rejected and the criterion of 'numbers' was even more emphatically endorsed. This action (i.e. of rejection and endorsement) was taken by the thousands of persons, young, middle aged and older, participating in the year long discussion prior, to the Conference as well as the delegates taking part in the Education Section at the Conference itself. This impressive empirical fact is reported here as a matter of record and as a rebuke to the limited view of the educational potential of persons in the later years which the 'life expectancy' criterion implies.

Third, we must take measures to develop a confidence greater than we now have in the ability of older persons to learn. As indicated above, there is a growing acceptance of the fact that "middle aged dogs can learn new tricks," but there is still a widespread belief, abroad, possibly based on prevailing practices of retirement, that somehow after a person passes age 65 his capacity to learn begins a substantial decline. At least it is believed that it is too much to expect him to compete successfully with younger persons in the processes of instruction.

What then are the grounds for developing a more optimistic stance regarding the ability of older persons to learn?

First, take the data on individual differences. The overwhelming outcome of research indicates that as the years increase so also do the differences between individuals. Research also indicates a large overlapping of differences between successive age levels. Thus in almost any distribution of measures of ability a very sizeable number of persons in the older years will do better than persons in the younger years. Thus age per se, even in studies using cross sectional data, is no measure of lack of ability to learn.

Second, if a person is reasonably healthy and if skills and abilities are used, they can be maintained at a substantially high level of performance.

Third, the principle of differentiation inferred in the first point above applies to differences within a person as well as differences between persons. It is therefore closer to the facts to think of intelligence and learning ability in the later years in terms of a profile than in terms of a general factor. This means simply that in some tasks decline may be substantial while in other tasks improvement may be equally if not more substantial, and in the case of still others performance may be maintained.

> Finally decline per se need not necessarily be interpreted in a negative fashion. We can be helped here by Thorndike's analysis of intelligence into three dimensions: (1) power or altitude of response, (2) speed or rate of response, and (3) range or extent of response within a fairly uniform level of difficulty.
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> Usually, when we are talking about changes in learning ability with age we are talking about Thorndike's power or altitude dimension. This should not obscure the fact that there are many worthy tasks to perform, useful things to learn, facts, insights, and concepts to acquire, that do not require a top level of activity. In fact, an honest appraisal of life's typical requirements suggests that much, if not most of what we do, learn, and enjoy is done, learned, and enjoyed substantially, if not well below, peak levels.
>
> All of which is to say, what if older people, or what if any one at any age, experiences a decline in some aspects of his range of response? Such a decline does not mean that the opportunity for learning is thereby necessarily and irreparably diminished. What one may lose (in most cases this appears to be slight) in power or altitude, one may for practical purposes regain by increasing the range of activity.
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> As a result of some of his recent studies, Bruner has proposed the idea of a spiral curriculum. He makes the point that many concepts may be introduced for learning in a simplified form as early as the fifth grade, reappear in a more complicated form in the 10th grade, and then be introduced in successively more complicated forms at the undergraduate and graduate levels.[1] The idea, then, that a skill or ability may be exercised at various points on Thorndike's altitude dimension places the whole problem of decline--especially when linked with the cumulative experience

> of the adult--in an entirely new, more realistic, and optimistic frame of reference.
>
> In general, then, we are justified in saying that even into the 70's and 80's, and for all we know as long as we live on the functioning side of senility, age per se is no barrier to learning. There is no one at any age, even the most gifted, who is without limitation in learning. Thus limitation per se--age-related or otherwise--should not be our criterion for appraising the capacity of older people for education. We can teach an old dog new tricks for it is never too late to learn.[4:12-13]

A Margin Theory of Needs

It would be helpful as well as cognitively economical if we could introduce a central theme to which an otherwise miscellaneous array of "need items" could be related. If it can be demonstrated that different needs tagged with different labels are in fact interrelated to a central idea, then presumably our discussion will have greater meaning and have a wider range of application.

For this purpose, then, I would like to propose a "theory of margin." According to this theory, older people are constantly engaged in a struggle to maintain the margin of energy and power they have enjoyed in earlier years. At worse, with diminishing reserves, they may be fighting a losing rearguard battle for survival. At best, by happy acquisition of new resources or an equally fortunate reallocation of responsibilities, they may be winning in their effort to reach new levels of development.

More abstractly, "margin" is a function of the relationship of "load" to "power." By "load" we mean the self and social demands made on a person in order for him to maintain a minimal level of autonomy. By "power" we mean the resources, abilities, possessions, positions, allies, etc. which a person can command to cope with load. We can increase margin by reducing load or by increasing power, or we can decrease marging by increasing load or reducing power. In other words, we can control margin by modifying either load or power.

In this perspective, the later years can be viewed as a period in which significant and drastic changes in the load-power ratio are taking place. Inflation, increased taxes, new responsibilities for kin, are common examples of increasing load; change of residence to modest housing, a reduction in standard of living, the increasing independence of kin, are examples of reduced load. On the other hand, retirement, involving loss of position and reduction of income, declining physical energy, if not illness, are examples of diminished power, while part or full-time re-employment, and appointment to positions of authority, may represent increased power.

A key factor, therefore, for the individual at any stage in life, and particularly in the later years, is the ratio between load and power. Whatever the load and whatever the power (up to a practical level), the crucial element is the surplus or margin of power in excess of load. It is this margin that confers autonomy on the individual, gives him an opportunity to exercise a range of options, and enables him to reinvest his psychological capital in growth and development. The rearrangement of load and power so as to preserve a favorable margin is one way of stating the major task of the later years. In fact, it is in the nature of this rearrangement that we may find the key to continuing development for older people. For example, if the aging person could replace the load required by the achievement of upward mobility or by the maintenance of social status, with the load or tasks of community service, or the preservation of things (natural or manmade) of beauty, and if by a program of study and training the older person could increase his ability to engage in such activities, his resulting margin could conceivably be more productive, satisfying, and growth-inducing than anything done earlier in life.

It is the thesis of this paper that education can be, if properly conceived and implemented, a major force in the achievement of this outcome. This, the preeminent and universal educational need of the aging is the need for that kind of education that will assist them in creating margins of power for the attainment and maintenance of well-being, and continuing growth toward self-fulfillment.

Categories of Need--A Functional Approach

Turning more specifically to a delineation of the educational needs of older persons, let us begin first, by explaining what we mean by need, and second, by making a clear distinction between "educational" and other kinds of "needs-meeting" procedures.

The word "need" implies the existence of a desirable condition requiring the operation of certain factors for its attainment. The thing wanted may be minimal or it may be more desirable, if not optimal--or may simply be the least or the best we can attain. In common usage need is often associated with lack or deficit. Thus, according to one definition, a need is a "condition marked by the lack of something requisite" (Webster, 1967). But as another definition indicates, a "need is a requirement for survival, growth, health, social acceptance, etc." (Good, 1959). Thus, using some sort of minimal-optimal scale, survival is minimal, while growth, health, etc., are certainly better than minimal, if not optimal.

Hence, in analyzing the educational needs of the aging, we will be dealing with a range of need. For example, a minimum of physical adequacy is needed for survival; more than mere adequacy is needed for health. A minimal level of income is needed for a cliff-hanging level of subsistence, while substantially more is required for the maintenance of self-respect, and the freedom to choose those options which lead to personal growth.

On the second point regarding the distinction between procedures, it is important to bear in mind that educational procedures are only one kind of measure that may be employed to meet needs. There is possibly an educational component involved in trying to induce Congress to vote higher rates for Social Security, or in persuading employers to adopt retirement policies more favorable to the economic support of older people. But to be realistic, in a highly interdependent society moved in large part by powerful economic and political forces, it requires more than "mere education" to meet the margin-producing needs of the aging. If this is not recognized it would be easy to lapse into a "cloud 9" form of romantic speculation that would confuse rather than clarify our understanding of the situation with which older people must learn to cope. In brief, then, in the following paragraphs we will be discussing a range of needs, from survival, through maintenance, to growth and beyond, realizing that although education has a significant and potentially powerful role to play, it must be supplemented by other kinds of measures in order to satisfy the basic requirements of the aging.

1. Coping Needs

At this point we return to our theory of margin. Since transition through the later years of maturity to old age involves, for the vast majority, substantial reductions in such things as income, position, influential affiliations, and energy, the power aspect of our load-power ratio becomes a matter of central concern. Coping with this reduction in power becomes a preeminent need at this stage in the life cycle, for, in a hierarchical sense, unless minimal coping needs are met, no surplus or margin of power is left over with which to meet higher needs. Thus, in any scale of priority, there is solid justification for placing the coping needs first.

Within the "coping" category, we have no alternative but to place basic education at that level which has first claim on the resources of education. This means simply that a minimal ability to read, write, and compute must be attained before a person can take part in the satisfaction of needs requiring more complex and advanced kinds of instructional procedures.

Basic education is placed first for three reasons. One, as already indicated, the three R's (reading, writing, and arithmetic-computation) are inescapably prerequisite to all other and higher levels of education. Two, the lack of these skills is far, far greater for older people than for persons in any other age segment of the population. Three, except for financial support, the acquisition of these skills depends on measures almost wholly educational in character. We teach people to read, write, and compute by instruction and not by political or economic pressure. Thus, in any ranking of the relative urgency of the educational needs of older people, basic education should come first.

Continuing, in descending order, with other coping needs, we would next include the category of educational need within which physical considerations come first and economic considerations second. Here, again, we encounter a hierarchical application of the theory of margin. A minimum of physical energy and health is a prerequisite to participation in other kinds of activity, and after health, a minimum of financial resources becomes necessary. Thus, after the acquisition of basic skills, we would place the need to educate for physical fitness at the top of any list of educational needs for older persons, followed by the need to educate for a minimum of economic self-sufficiency. To achieve physical fitness we would propose the use of instructional procedures to formulate and carry out programs for healthful living, including such measures as the use of nutritious diets, proper exercise, the practice of periodic physical checkups, and the management of convalescence. For economic self-sufficiency, we would expect education to be used in such areas as the maintenance and increase of income, money management, etc.

Other coping needs to be served are education for making the legal decisions which the later years require; education for selecting good housing and residential facilities; education to help adjust to and make the most of changing relations with the immediate and the extended family; and, while having less of the urgency that we associate with the notion of coping, education as to how to make the most rewarding use of leisure time.

It is not necessary for our argument to detail the content that might be included in a syllabus of instructional materials geared to meet the various kinds of needs mentioned above. Neither is there any advantage, beyond that already suggested--i.e., first, basic education, followed by education for health and economic self-sufficiency--in attempting to rank the needs within the coping category in a hierarchical order or priority. The point is that coping needs are central. Deficits here threaten the elementary capacity of the older person to deal autonomously with his life situation. If education for the aging is needs-centered, then their needs as persons must be the foundation on which a program for the education of older people must be built.

2. Expressive Needs

The category of expressive needs is based on the premise that people have a need to engage in activities for the sake of the activity itself and not always to achieve some goal to which the activity has only an instrumental relationship. In this realm, motivation arises from an interest intrinsic to the expression which participating in the activity requires. There are plausible reasons for believing that the expressive need exists. In the first place, much of our sense of well-being consists in large measure of the enjoyment of the healthy expression of our natural physical capacities.

It is enjoyable to exercise our muscles, and to use our senses of sight, sound, and taste. In the second place, expressive activity is characteristically spontaneous and open in character making possible the liberation of deeper and more primitive levels of personality. In the third place, it is generally accepted by psychologists that the human personality is capable of a far wider range of expression than the habitual maintenance routines and the specialization of modern life permit. It is postulated, therefore, that in most people--especially in the later years because of postponed desires--there is a large domain of unexpressed and underexpressed talent and interest which, if properly cultivated, could be activated to enrich one's living.

The later years, therefore, should be the vital years for the liberation of the expressive needs. For one thing, there is more time. For another, given a margin of health and income, there are fewer restraints to interfere with the cultivation of expressive activity.

3. Contributive Needs

Underlying the category of "contributive needs" is the assumption that older people have a need to give. They have a need to contribute something acceptable to others and to the community, blending the need to be useful and to be wanted. In a practical sense, this need can be identified as a desire to be of service. It could take the form of assistance to persons in special categories of deprivation, such as tutoring for the culturally deprived, counseling school dropouts, transporting shut-ins, or visiting the homebound. It could take the form of acting as a part-time staff member of such groups and organizations as day care centers, YM and YWCA's and the Red Cross--organizations whose programs are geared primarily to community service. At a different level, such service could consist of contributed time for data collection and decisionmaking as a member of and/or consultant to the administrative boards of such agencies as hospitals, city councils, planning commissions, boards of education, etc. Moreover, it would not be necessary that all these services be given without pay. Because many older people live on incomes lower than that to which they were previously accustomed, some payment for service would not be incompatible with the satisfaction of the contributive need. This point can be confirmed by the success of the rapidly developing program for "foster grandparents."

But there is another dimension to the contributive need which is largely ignored and which deserves much greater recognition. We refer to the wisdom latent in the reserves of the older person's cumulative experience.

For operational purposes, let us say that the wisdom of the aging is a blend of at least two related factors. One is a capacity built up over the years to cope with the demands and emergencies of living; the other is the time perspective which the same years have made possible. In spite of the sentimental and unrealistic overtones associated with talk about wisdom--especially in a society skeptical of anything unsupported by "hard data"--it is a thesis of this paper that the coping strategies and the sense of "time past" and "time to come" possessed by older people is a resource greatly needed by a turbulent, rapidly changing society demanding "instant solutions" to difficult problems. To be sure, age is not per se necessarily a mark of wisdom. Moreover, like all abilities, possession of wisdom is unevenly distributed and subject to the law of individual differences. Some older people are wise, and some are less wise, and some are stupid. But the argument here is that in the dimension of wisdom there is a resource that society greatly needs and has not yet learned to exploit.

4. Influence Needs

Although it receives uneven and only occasional attention in the literature, it is not difficult to make a case for the fact that people in the later years have a need to exert far greater influence on the circumstances of their living and the world about them than they are apparently and customarily able to do. Not necessarily, and not inevitably, but in general the later years are years of declining power. In the personal area, older people usually have less power, i.e., less income, less resilience, less assurance of vigorous health than they had earlier, and, with some notable exceptions, less power than younger people. In the social realm, the power of older people is also problematic and highly contingent. They occupy fewer positions of influence and have access to fewer of the political and economic resources with which power is usually associated.

Although older persons may be less powerful, they are not powerless. With the right kind of education their power decline could be arrested, if not reversed.

Our discussion so far of the need of education for coping, expressing, and contributing, indicates how education can increase an older individual's influence in the personal realm. But education can also be designed to help older people bring about constructive change in society as well. More specifically, older persons have a need to become agents of social change, and therefore a need for that kind of educational experience which will enable them effectively and responsibly to assume this role.

Again, it is not necessary to detail here the content for this kind of instruction. In passing, however, we can note that there is an abundance of material from which such content may be built. To mention a few leading items, such material would obviously include an incisive examination of the power available to the citizen via the political process. Also, as a minimum, it would include the dimensions of power and decisionmaking structures at the community, state and national levels. It would concentrate on those practical issues of vital concern to older people themselves, such as health, income; and housing, and, equally important, help people to have a stronger voice in the broader issues of fiscal policy and human relations affecting the welfare of the community at large.

In brief, it is argued that older people have a vital need for that kind of education that will enable them to exert influence in protecting and improving their own situation, and in contributing to the well-being of the larger society. Thus, if transfer from instruction to practice were direct and explicit, it could be aimed at bringing about constructive social change. New "influence roles" in society would no doubt result, and a social climate more favorable for the development of self-respect might well ensue. Such a course would also help to shift the emphasis--so common in current programs--from "doing for" older people to helping them "do for themselves" as well as "do for the community."[4:1-5]

5. The Need for Transcendence

So far in attempting to formulate a hierarchical "needs system" as a guide for the development of educational programs for PLYs (Persons in the

Later Years) we have given priority to the need for PLYs to cope with or satisfy those primary requirements essential for living. Hence, the first claim on education is to help the PLY establish and increase his 'copeability.' When this is done successfully, the resulting margin, i.e. the excess of power over load, enables the PLY to satisfy the next order needs, namely the expressive, contributive and influence needs. There remains however a need uniquely relevant for the Later Years and in an ultimate sense, occupies the most basic position in the needs hierarchy. I refer to a need for transcendence. To achieve a sense of fulfillment as the culminating stage of life, a PLY (Person in the Later Years) has a fundamental need to become something better than he has been, or to attain a stage of being higher than he has heretofore occupied. More specifically he needs to rise above and beyond the limitation of declining physical powers and of diminishing life expectancy which are inevitable features of the Later Years. To repeat we shall designate this as the need for transcendence.

A comprehensive exposition of this theme would involve an excursion into literature, phenomenology, philosophy, and even theology too extensive for the uses of this discussion. To keep such a discussion within reasonable bounds and give it a psychological flavor, we will draw primarily on Peck's theory of the developmental tasks of the Later Years.

In addition to developing what he calls the task of Ego Differentiation and the relinquishment of Work-Role Preoccupation, Peck argues that PLYs need to overcome body preoccupation by developing body transcendence. He points out that for people for whom pleasure and comfort mean predominantly physical well-being, the physical decline of the Later Years may be the gravest of insults. 'For such people, the later years move in a decreasing spiral centered around their growing preoccupation with the state of their bodies' with much of their activity devoted to what Kuhlen has called a 'defense against loss.' But as Peck states: "There are other people however, who suffer just as painful physical unease, yet who enjoy life greatly." It may be that these persons have learned to define happiness and comfort more in terms of satisfying human relationships or creative activities of a mental nature, which only sheer physical destruction could seriously interfere with. In their value system, social and mental sources of pleasure and self respect may transcend physical comfort alone. Such is the hypothesis underlying a need for developing Body Transcendence as a critical task of the Later Years.

In turning from the physical to the psychological dimension, Peck stresses the importance of the development of Ego or Self Transcendence as contrasted with Ego Preoccupation. This task is based on the certain prospect of death in the Later Years. According to Peck the constructive way of living in the Later Years might be defined as follows:

> To live so generously and unselfishly that the prospect of personal death--the night of the ego, it might be called--looks and feels less important than the secure knowledge that one has built for a broader, longer future than any one ego could encompass. Through children, through contribution to culture, through friendships--these are ways in which human beings can achieve enduring significance for their actions which goes beyond the limit of their own skins and their own lives.
>
> Such an adaptation would not be a stage of passive resignation or of ego-denial. On the contrary it would require a deep active effort to make life more secure, more meaningful, or happier for the people who will go on after one dies. Success in this respect would probably be measurable both in terms of the individual's inner state of contentment or stress, and in terms of his constructive or stress-inducing impact on those around him....The 'successful ager' at this final stage would be the person who is purposefully active as an ego-transcending perpetuation of that culture which, more than anything else, differentiates human living from animal living....[5]

Persons in the Later Years as a Market for Educational Programs

The Problem of Participation

Any realistic appraisal of their potential as a market for educational programs will encounter the frustrating fact that of all persons 20 years of age and older, Persons in the Later Years (PLYs) are least likely to take part in programs organized for instructional purposes. Data in support of this point emerged from a study conducted by Johnstone and Rivera for the National Opinion Research Center (NORC) at the University of Chicago and are contained in the following table.[3]

RATES OF PARTICIPATION IN ADULT
EDUCATION BY AGE

Under 20	20-29	30-39	40-49	50-59	60-69	70 plus
16	29	25	21	16	10	4

As the preceding table indicates the rate of participation for persons age 50-70 is much less than that for persons age 20-50, and for persons over 70 the rate declines sharply. Studies by Knox reveal the same trend.

The investigations of Johnstone and Rivera, and Knox embraced all forms of adult education. What does research show concerning participation in a specialized area like Adult Basic Education where the need of Older Persons is so imperative? That is, where the need is greatest, is participation any greater?

According to a recent report issued by the U.S. Office of Education, of the 479,912 persons taking part in Adult Basic Education programs subsidized by the U.S.O.E. in 1969, 24 per cent were age 18-24, 26 per cent age 25-34, 25 per cent age 35-44, 15 per cent age 45-54, 7 per cent age 55-64 and only 3 per cent 65 and over.[4]

In general, then, the facts tell us that as persons advance in years they are much less likely to take part in adult education and after 70 the overwhelming majority are nonparticipant.

How can we account for this low level of participation? One explanation may be found in the relatively low level of formal schooling attained by Older Persons which according to 1960 data was far below the national average for all portions of the population.[8] One fifth of persons 65 and over had less than four years of schooling, while only one third continued beyond the eighth grade. According to the 1970 census, 80 per cent of those 20-21 years old had completed high school while only 24 per cent of those over 75 had done so. In brief, in terms of formal schooling, Persons in the Later Years are the most poorly educated segment of the population. The implication of this fact for our argument becomes clear when we recall the high relationship between level of formal education achieved in youth and a return to education in the adult years. Support for this point is contained in the following table.[3]

RATES OF PARTICIPATION BY EDUCATION, OCCUPATION AND FAMILY INCOME

	Grade School			High School			College		
	Under $4,000	4,000 6,999	6,000 over	Under $4,000	4,000 6,999	7,000 over	Under $4,000	4,000 7,000	7,000 over
Blue Collar	7	8	11	20	21	23	37	40	37
White Collar	9	11	14	22	21	29	37	45	43

In interpreting the preceding table it should be remembered that the data were collected in 1961-62 which accounts for the low range of income reported. On the other hand, the data clearly indicate that neither occupational level (i.e. blue vs. white collar) nor income (i.e. $4,000 and under or $7,000 and over) but level of schooling is directly related to the rate of participation in adult education. For instance a person with a high school education and an income of $4,000 or less is about three times more likely to take part in adult education than a person with the same income and an eighth grade education and about five times more likely to take part if he has had a college education, e.g. compare 7, 20 and 37 for grade, high school and college respectively.

Thus education begets education, and since older persons have had so little to begin with they are less likely to return to instruction in later life.

Another possible explanation for the low participation of older persons may be found in the theory of Margin which we presented earlier in this report. We must remember that keeping healthy, keeping economically solvent, and keepa roof over their heads are the first priorities for persons in the later years (PLYs). In more cases than we are probably aware, it is quite likely that the unrelenting struggle to provide for these minimal necessities leaves little margin of time and energy for the pursuit of educational objectives.

Again, lack of motivation is undoubtedly an additional factor accounting for low participation. Many PLYs do not perceive education as having any relevance for their interests and needs. This point was confirmed in the discussion groups held in communities throughout the country in preparation for the 1971 White House Conference on Aging. Repeatedly the question was asked: What can education do for me? For apparently education is regarded by PLYs as something different from the programs of other service areas with which they are more familiar. There are health, financial, legal, housing etc. services with educational services tagging along as a post script. It is also conceivable that the image based on the memory of their schooling received many years ago in childhood and youth bears little resemblance to the urgencies of the situation in which they currently find themselves. It is not surprising therefore to find them skeptical about the relevance of a return to education for the situation which the years after 65 compel them to face. Obviously this skepticism constitutes a challenge to the adult educator. Instead of regarding instruction as a thing apart or a decorative option, education for PLYs should be regarded as a principle component of all the services which they require for meeting the necessities of living. Thus education could conceivably be more attractive if it were perceived as education for coping and survival.

Finally PLYs are essentially 'hidden,' perhaps the most hidden element of the general population. Because of their relative isolation they are not easily located. Except for nursing homes and residential facilities specializing in services to Older Persons, their names appear on the roster of few organizations, and if so, not separately identifiable as Older Persons. In fact, for the most part, they are on the fringe of or outside the usual channels of communication. And finally age-related difficulties or even lack of transportation can interfere with their ability to attend such educational activities as may be available.

Cultivating the Market of Persons in the Later Years

Reaching the Under- and Nonparticipant

The preceding assessment of persons in the later years as a market for programs of instruction leads us to an inescapable conclusion, namely that reaching, recruiting and involving the under- and nonparticipant among older persons must receive the highest priority in any strategy, local, regional or national, designed for their instruction. The problem of underparticipation has always been a major issue in adult and continuing education for all age levels of the adult population. But it is an issue of extreme gravity in the case of older persons. The gravity of the situation becomes much more exacerbated when we remember that many programs of education for older persons are beginning to appear in Community Schools, Community Colleges, churches, Multi Purpose Centers, etc. which show great promise and on a scale heretofore unknown. A striking feature of these new developments is that they are attracting the 'participant prone,' still a market which remains to be adequately cultivated, i.e. those who are already disposed to engage in instructional activities and already have an enviable record of having done so. But, as distressing as promising, is the fact that these new programs are still failing to attract the great mass of under- and nonparticipants which we have delineated in the preceding section of this report.

If then, programs of education for persons in the later years would avoid the criticism of being an 'elitist' enterprise, set up primarily for a precious minority who already know their way around the educational orbit, they will be compelled to take the penetration of the reluctantly disposed and hidden mass of older persons, so far unreached by conventional procedures, much more seriously than they have done in the past.

Fortunately there are solid grounds for believing that such a penetration can be accomplished. To do so would involve a much more aggressive and innovative use of television and correspondence study, either alone or in combination, along with circuit riding personnel paraprofessionals, mobile learning facilities, book mobiles and the like. In addition, remedying the situation would require the best (and this 'best' is impressive) that is already known about measures designed to:

(1) locate target populations,
(2) secure from older people their perceptions of educational needs and the best way to meet them,
(3) acquaint older persons with existing and prospective programs,
(4) counsel older persons for effective entry.

The point is that we are not without ample procedural resources in attacking the problem of under participation. We know far more about reaching the hidden and unreached than we now use. It is time to put this knowledge to work, and make such work a central feature of any strategy to serve the educational needs of persons in the later years.

Transition

At the outset of our discussion we stated that every one is aging and 'everyone has a stake in its opportunities and consequences.' We also proposed that in order to deal with its generic character we can divide the domain of Education for Aging into two categories, one, which we have just completed, that of education of and for persons in the later years, and the other to which we will now turn, that of education about aging, for and of persons in the earlier years. Although the scope of this second category is much more massive, we will give it much less space than we have the first--enough however and hopefully to get the education about aging for and of persons in the earlier years on the agenda of a strategy for the larger domain of education about aging for all.

Education about Aging for and of Persons in the Earlier Years

Education about aging of persons in the earlier years may in turn be divided into two areas for discussion. One is the education of persons in the earlier years about the problems and opportunities of persons in the later years--that is, the education of the not yet aged about the aged and aging. The other is the education about how to live in childhood, youth, early and middle adulthood so that life in the later years will be a period of fulfillment and significance. That is, education based on the simple premise that education for aging does not begin at age 60 but long before as one moves through the successive stages of the life span.

In staking out a claim for education about aging of persons in the earlier years we are in effect proposing a program of public education designed to produce a climate of understanding of the problems and opportunities of the later years as well as a climate of support of a program for the development of the adult potential which the later years afford. Clearly this is a massive order. We have space for citing only some leading points for such a task.

Clearly the first order of priority in a program of public education is that of educating the public to support measures designed to maintain a floor of services which will insure a decent level of 'copeability' for persons in the later years (PLYs). This means access to adequate housing, adequate medical care (preferably preventive), maintenance of adequate income, especially as long as one out of four persons 65 years of age and over lives at or below the poverty level. Programs of education must be undertaken to activate the conscience of the general public to the implications and consequences of potential deficiencies and the measures required to overcome them.

But along with education concerning the vulnerabilities of the later years, there must be a comparable education of the general public about the relative state of well being which large numbers of older persons are apparently enjoying, much more than a one sided picture of distress would lead us to believe. In brief there is a brighter side to the situation of older persons which should be stressed in a balanced program of public education.

To lend more substance to the brighter side of our case, let us draw on the results of a recent survey conducted by the Center of Gerontological Studies at the University of Southern California. The largest investigation of its kind ever done with older persons, the conditions and attitudes of 70,000 older persons in all 50 states were studied. The results indicate that the vast majority are relatively contented with their situation, feel they are engaged in constructive activities, are well adjusted to their environment and have positive feelings about their late years. More briefly the results challenged many of the myths related to the situation of older persons.[6]

Myth number one: Most people feel depressed, isolated and unwanted.

According to the results of the survey, 87 per cent said they were pleased with their life style and are pleased with their relationships with their families and other persons.

Myth number two: Old people as a group are sickly or senile.

Again the survey says this is simply not true. About 90 per cent are mobile. Many are more active, intelligent and involved than persons decades younger.

Myth number three: Most older persons are ill-housed.

Not so says the survey. Eighty-eight per cent reported they are satisfied with their housing arrangements. Even 80 per cent of those with annual incomes below $3,000 expressed contentment, whether living in a house, an apartment or a trailer.

Myth number four: Older persons usually desire financial support from their children.

Again this statement is not supported by the survey. The elderly are not dependent, nor do they want to be dependent. In response to one question 98 per cent said that their children should move away if they found better financial opportunities elsewhere.

Myth number five: As a rule older persons suffer from too much time on their hands.

According to the survey, a large majority from all income levels expressed satisfaction with their independence and freedom from responsibility. Most persons not working were unemployed by choice and pleased with this situation. Life is regarded as having value in pursuits other than productivity.

Myth number six: In attitudes the aged are miles apart from younger generations.

When asked to list the major problems facing the nation, the elderly put inflation first; not surprising since they live on fixed incomes but inflation is also a chief concern of younger people. Inadequate attention to the problems of the elderly was ranked eighth by the elderly. Apparently then their problems resemble those of the general population.

At first glance the results of the survey reported in the preceding paragraphs may appear to be inconsistent with the somewhat stark picture conveyed by the data on participation which were presented in an earlier section. But it will help to put both bodies of information into perspective if we keep in mind that in them we are dealing with two somewhat different although partially overlapping types of populations. The NORC data on participation were representative of the entire USA, i.e. a reliable cross section of the total population. So also were the 1970 census data on high school completion. The 1960 figures on participation in Adult Basic Education were derived from a special sample of the disadvantaged and hence emphasize the more negative aspect of adult involvement.

On the other hand the data gathered by the University of Southern California and exploding the myths we listed above were derived from the membership of the American Association of Retired Persons and while the income per year of the sample ranged from about $3,000 to $30,000, the group was largely middle class in character and hence less representative of the total population.

Also in the two sources of information we are dealing with different categories of data, in one case data concerning participation in quasi-formal education and in the other case data concerning the living conditions and attitudes of a large sample of older persons.

It is then safe to conclude that the picture of under- and nonparticipation is a relatively reliable portrayal of the under involvement of older persons in education. At the same time we can also safely make the point that a large number, conceivably a majority of older persons, are leading lives of substantial satisfaction, enough so that the satisfactions should be reported along with the hardships in order to provide a balanced picture of the range of conditions and dispositions which living in the later years embraces. Moreover, neither the data on participation nor those about satisfactions are at variance with the fact that programs of instruction appropriate to the needs and circumstances of older persons would lead to greater life enrichment.

There is still a third area of subject matter that should be included in a program organized for educating the non yet aged about those who are aged. I refer to education aimed at developing an appreciation of older persons as a resource for enhancing the well being of society. To put the matter bluntly, such attitudes, except for rare instances, do not yet exist and are not a part of our prevailing Zeitgeist. The society is gradually on the way to developing a pervasive solicitude for the welfare of older persons.

In addition this solicitude is leading the federal government to make more generous provision for social security and medical care. But to be drastic about what we mean, take retirement. In effect society says to the person 65 and over, we hope you won't starve (hence social security) and we hope you will not be disabled by illness (hence medicare) and we hope you will enjoy your freedom from responsibilities, but we don't need you anymore. We don't need you as a contributor to the economy. While this prescription applies only to economic productivity, the same attitude spreads over to other departments of life. In brief society says to those 65 plus you are no longer a resource.

To be just as blunt in rebuttal, this attitude is clearly out of date, obsolescent and must be reversed. Its reversal in a large measure will require the education of the 90 per cent of the population under 65 concerning the contributive potential of persons in the later years.

Space is available for suggesting a few items to be included in the kind of program we are proposing. The not yet aged should be persuaded first that there should be an option for educating older persons to return to the labor force on a part time basis. This could involve updating a former occupational skill or developing a new one. It is also based on the hypothesis that the time may not be far distant when the productivity of older persons will be required to sustain the economy--a prediction based on an increase in the proportion of the population over age 60 (30 per cent estimated by the year 2,000) and a somewhat corresponding decrease in the proportion of the population under 65, especially in the so-called productive years. Second, the not yet aged should be persuaded that there should be an increase in educational options for the performance of new roles aimed at overcoming deficits in community life, thereby maximizing the contributive potential of older persons. To cite some illustrative examples we refer to the Foster Grandparents Program, the use of retired business executives as consultants to managers of small business enterprises, and the employment of 'seniors' as volunteer teacher aides in elementary schools.

Third, the not yet aged should be informed that older persons are capable of a far greater range of expression than that envisaged by the usual stereotype of the limited potential of older persons which is so common in the perceptions of the general population. Most persons arrive at age 65 having engaged in only a fraction of the activities and having performed only a fraction of the skills of which they are capable. Moreover, many because of responsibilities of job and family have had to defer the development of interests, which if cultivated could be a source of genuine satisfaction to themselves and others. Time is on their side. They are free. In these latent skills and interests resides a formidable resource for the enrichment of society.

Fourth, the not yet aged should be persuaded to support a program for the education of older persons in constructive political behavior. This would involve not only instruction in the development of political clout via collective action, but it would embrace the education of older persons for viewing the welfare of the community as a whole. Given a minimum of economic and physical security, older persons are in a better position to play the role of statesman, than any other age segment of the population. They are past the stage in the life cycle where the need to establish one's competitive position is so imperious. Also they can understand as no other age segment of the population the time dimension of community problems. In brief then older persons occupy a unique and strategic position in lending balance to the perception and solution of society's problems. Here then is an impressive resource which society needs for its well being and has yet to cultivate.

The preceding items constitute only the bare bones of an agenda which could be applied to the instruction of the not yet aged about the potential slumbering in the latent capabilities of the aged. To the hard nosed and battle scarred skeptic what we have been proposing will look like a display of 'cloud 9' fantasy. Let us admit that we would be naive if we maintained that the appreciation by the general public (i.e. the 90 per cent under age 65) of older persons as a significant resource will come about easily and soon. Such an outcome is still a long way off in the portfolios of the future. But someday it will come, for three very forceful reasons.

First, older persons are a resource, a fact solidly rooted in reality. Second, older persons are currently in the process of discovering themselves as a resource and when this is fully accomplished they will amply demonstrate the validity of their discovery. Third, society needs the contribution which older persons are capable of making and finally society will make such a contribution possible when the resources on the one hand and needs on the other are identified and the matching of the two are consummated.

The Education of the Not Yet Aged for Successful Aging

In this concluding section we are taking the position that the years from birth to age 60 are preparatory to living in the years thereafter. In brief we are declaring that there is a continuity to life span development that begins in early life, continues through middle age and culminates in the later years. To document the details of this position would require more space than we should use in this context. It is important however to present this position emphatically in order to round out an inclusive strategy for the implementation of the domain of Education for Aging as a whole.

Because of space limitations we will offer only a few items illustrative (by no means definitive) of what a life span approach to education for successful aging might embrace. In the following discussion we are not proposing that education is the sole arbiter of personal change; merely that under appropriate conditions it can make a substantial contribution to this process. Moreover we are not discussing methods and materials of instruction, but rather are suggesting selected topical areas to which an educative approach might be directed.

The following three categories of subject matter are offered for consideration.

First, is the category of the practical conduct of living. By this we mean that there are some specific, feasible ways of living which if practiced would enhance the level of well being at any age the cumulative impact of which would greatly increase the viability of the later years.

Take the domain of health and as an important part of this domain, let us consider the establishment of an effective program of dental care.

The correction of malformations of the mouth in infancy, and thereafter the biannual visit to the dentist, the practice of good nutrition and the early detection and repair of defective teeth would greatly increase the probability of a person's enjoying healthy teeth in childhood, youth and middle adulthood, and with a decades long backlog of preventive dentistry, greatly increase the probability of having healthy teeth in the later years.

Or take heart trouble, the great crippler of the later years.

A healthy heart is in part a product of a good heredity. But it is also a product of factors clearly under a person's control. One factor is that of diet. A diet low in cholesterol favors a healthy heart. Another is exercise. Rates of heart failure are lowest among persons in those occupations requiring heavy physical labor. Moreover research has demonstrated that blood pressure may be reduced by a judicious regime of physical exercise.

Consider other departments of preventive medicine. The threat of glaucoma can be diminished if detected in its early stages. The same can be said of diabetes.

Again consider physical fitness. Fitness is not an accident. It is the outcome of proper exercise, an adequate and varied diet, the ability to sleep soundly, and the effective management of physical and emotional stress.

Much can be done at age 60 and beyond to maintain, reinforce and improve the physical condition which a person possesses at that time. But many of the assets on which one can draw, or the liabilities with which one must contend, have their origin in the practices a person has followed in the six decades before age 60 turns up on the calendar.

We have chosen the domain of health for special attention because the achievement and maintenance of good health has the highest priority for persons in the later years. It constitutes the apex of their concerns. Everything else pivots around this fact.

A similar case can be made for the trait of flexibility, and the capacity to adjust to marked changes in circumstances of living. Flexibility is not a trait that suddenly bursts forth in full bloom at age 60. It is the result of not putting all of one's emotional eggs in a single basket. It is also the result of developing a variety of interests so that when losses occur, a traumatic feature of the later years, a person can turn to other activities and attachments for expression.

Much the same can be said for the realm of inter-personal relations, skills in the maintenance of which are so important for the satisfaction of the affiliative needs in the later years, etc.

A second category of subject matter which can be employed to validate our thesis are the turning points which a person encounters as he confronts the successive and cumulative requirements of adult living. These turning points often originate in some distinctive event characteristically productive of experience highly significant to the persons involved. Such experiences can often lead to some of the most teachable periods in a person's life and ultimately with productive consequences for the viability of life in the later years. Events such as marriage, becoming a parent, the advent of grandparenthood or the losses of a marriage partner, children, parents, and other significant associates would constitute one category of concern. While entry into, advance in, transfer from a job, or loss of employment, or the pursuit of a second career would represent another category.

Perhaps the most striking example of what we mean by a turning point is that of retirement. While retirement appears late in life and usually constitutes the watershed between the middle and later years, no event in the life cycle probably validates the importance of educating the not yet aged for successful aging as this one. It is the pervasive prospect of basic changes in the circumstances of living that makes education for retirement one of the most urgent items on the agenda of education for aging. The 1971 White House Conference on Aging recommends that this process begins as early as age 45.

The basis for such a recommendation is a sound one. An early introduction to the decisions that a person will be compelled to make as he (or she) makes the transition from a working to a nonworking style of life will enable him to anticipate the hazards and the opportunities of the later years. By so doing he will be better able to regulate his performance in advance so that when they appear the hazards of retirement will be reduced and the opportunities exploited. Since pre-retirement education is the topic of an entire chapter in this volume we will drop its discussion at this point. We have offered it here as a prime example of the point that education for aging does not always begin at an age when one is supposed to be aged.

Still a third category of subject matter that may be employed in educating the not yet aged for successful aging is the perspective contained in global attempts to conceptualize the contours and boundaries of life span development. Such conceptualization, to use Gestalt terminology, provides the field or background for understanding the foreground of the processes and goals of individual development with the passing years. For purposes of illustration we will use the model formulated by Eric Erikson.[2]

Erikson postulates a quasi-epigenetic series of eight developmental stages. The stages of early childhood are three in number and consist of the development of trust vs. mistrust, autonomy vs. doubt, and initiative vs. guilt. The stage of middle childhood is designated as that of industry vs. inferiority, and that of adolescent is tagged as that of identify vs. diffusion. The adult stages are three in number. Early adulthood calls for achievement of intimacy vs. isolation, middle adulthood, the achievement of generativity vs. stagnation, and later adulthood, the achievement of ego-integrity vs. despair.

Erikson does not propose that the positive aspect of each of these stages should win a complete victory. That is, even if trust should win over mistrust in early childhood, some residue of mistrust may remain in a subordinate condition. But for a healthy development, or in our terminology, for successful aging, the balance at each stage should favor the positive side in order to support the next stage in the line of development. Thus the cumulative effect of the successful resolution of these successive antitheses gives cumulative strength to a person's selfhood so that in the final stage he attains a large measure of fulfillment.

Not, parenthetically, necessarily complete in perfection; there is always a sense of arriving and not yet having arrived.

Erikson does not deterministically argue that a loss at an earlier stage is irretrievable, that a trend cannot be reversed or that what is lost is lost forever. In effect he implies that all along the route of development a person can take his destiny in hand and to a degree recoup from deficiencies and take on new directions. Thus his theory makes room for the possibility of successful outcomes of special efforts undertaken by older persons to enhance the viability of their lives. But his formulation does provide a framework for viewing tne course of life as a whole, a framework that says it is possible for the direction of development to be upward to the end of life; a picture, we might add as an aside, different from that embodied in the biological picture of human development.

Where does this presentation of the foregoing categories of subject matter for educating the not yet aged for successful aging, leave us?

It has not been our intention in this concluding section to argue that at age 60 or anytime thereafter a person is completely and helplessly a prisoner of the years he has lived prior to that time. There is much sound theory and hard empirical fact to refute such a view.

We have attempted however to establish the point that the battle of survival and better yet the battle for fulfillment does not begin at age 60 but has its antecedents in the sequences of experiences, activities and events that have occurred in the years before. Also we have not intended to argue that such events, activities and experiences are completely under the control of the domain of education. We have however intended to make the point that these events, experiences and activities, can be the subject of education and that an educative and informed approach to their happening will contribute substantially to the development of persons subject to their impact.

Finally implicit in the preceding position is perhaps the most basic contribution which this chapter attempts to make. More specifically we have been suggesting that the later years of the life span constitute the ultimate period for the achievement of an enriched selfhood and the adult potential. This, in effect is what Peck is saying by his concept of Ego-Transcendence. It is also what Erikson is saying in his concept of ego-integrity as a pre-requisite for the attainment of maturity. It is also explicit in the 1971 report of the White House Conference (on Aging) when it states that one of the goals of education for aging is that of helping Older Persons become 'models of lifelong fulfillment for the emulation and guidance of oncoming generations.'

In brief then what we have been proposing is that the last of life at its best should be a guide for education at all the earlier stages of life leading thereto. When, as, and if this theses is effectively internalized and implemented it will produce a transformation of the goals, processes, and programs of the entire educational enterprise, both formal and informal, from the beginning to the end of life.

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